

Dist 9/14/87 n.61

**DANIS**

NIS INDUSTRIES CORPORATION

**Steve Stanley**

Director, Corporate Development

September 1, 1987

Ms. Ruth Mancos  
 Document Control Officer  
 USEPA - Region 5 HE-12  
 230 South Dearborn Street  
 Chicago, IL 60604

**RE: SANITARY LANDFILL COMPANY**  
**1855 CARDINGTON ROAD, MORaine, OHIO**

Dear Ms. Mancos:

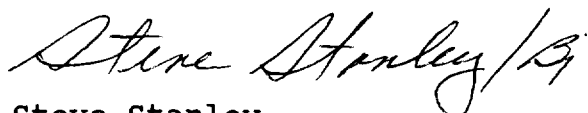
Enclosed is additional data in response to the USEPA request for information dated April 20, 1987. The data was discovered as a result of our continuing file search pertaining to the Sanitary Landfill Company. The identification of each attachment is consistent with letters to USEPA from Miles Schmidt (May 22, 1987 and June 22, 1987) and me (August 26, 1987). Enclosed are Attachments T and U as follows:

- T Hazardous Waste Manifests and Bills of Lading indicating the transport of a total of 133,600 gallons of a mix of asbestos and water by IWD Liquid Waste, Inc. from General Motors Inland Manufacturing Plant in Vandalia, Ohio to the Cardington Road landfill for disposal in 1979.
- U Copies of Bills of Lading indicating the transport of an asbestos water mixture by IWD Liquid Waste, Inc. from General Motors Inland Manufacturing Plant in Vandalia to the Cardington Road landfill for disposal in 1979. Although none of the bills were accompanied by manifests, and most of them do not individually indicate that Cardington Road was the landfill in which the wastes were disposed, all 24 of them were clipped together in a file labeled "ASB & H2O SO. Landfill Tickets". That would indicate that the materials were disposed in the Cardington Road landfill.

As your records will show, Attachments A through S were forwarded earlier.

Should additional data be discovered, copies will be forwarded.

Sincerely,

A handwritten signature in cursive script that reads "Steve Stanley".

Steve Stanley  
Director, Corporate Development

SS/bj

Attachments

c: C. Miles Schmidt, w/o attachments  
Ken Tindall, w/attachments

BILL OF LADING

I.W.D. LIQUID WASTE INC.

16544

<b>ORIGIN:</b> <b>LOCATION:</b> INLAND MFG <b>TRUCK NO.:</b> 616 <b>DATE:</b> 5-21-79 <b>CONSIGNOR REPRESENTATIVE:</b> <b>I.W.D. LIQUID WASTE:</b> <b>DISPOSAL FACILITY REPRESENTATIVE:</b> <b>TANKAGE TRANSFER:</b> <b>GALLONS:</b> <b>TANK NO.:</b>		<b>TYPE OF SERVICE</b> <input type="checkbox"/> BARRELS <input checked="" type="checkbox"/> TANK <input type="checkbox"/> OTHER <b>DISPOSAL FACILITY</b> <input type="checkbox"/> I.W.D. <input type="checkbox"/> SYSTECH <input checked="" type="checkbox"/> LANDFILL SO <input type="checkbox"/> OTHER <b>VOLUME</b> <b>BARRELS:</b> <b>GALLONS:</b> 2000	<b>TYPE OF LIQUID</b> <input type="checkbox"/> ACID <input type="checkbox"/> SOLVENT <input type="checkbox"/> OIL <input type="checkbox"/> CAUSTIC <input type="checkbox"/> CYANIDE <input checked="" type="checkbox"/> OTHER IN PLANT - 9.05A DUTY - 9.50A <b>REMARKS:</b> ASBESTOS & H <sub>2</sub> O DOT HAZ CLASS: <b>NOT LISTED</b>
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DISPOSAL COPY



**INDUSTRIAL WASTE DISPOSAL**  
 MAIN OFFICE: 3975 WAGONER FORD RD.  
 DAYTON, OHIO 45414  
 (513) 278-0821

☒ **I.W.D. LIQUID WASTE**  
 3106 SNYDER-DOMER RD.  
 SPRINGFIELD, OHIO 45502  
 (513) 969-8346

☐ **I.W.D. CHEMICAL DISPOSAL**  
 133 TWIN BRIDGES RD.  
 DANVILLE, INDIANA 46122  
 (317) 745-2878

## HAZARDOUS WASTE MANIFEST

A 5645

## I. GENERATOR OF WASTE (Must be filled in by producer)

Name (print or type): INLAND MFG  
 Pickup Address: EXETER RD VANDALIA, OH  
 (NO.) (STREET) (CITY)  
 Telephone Numbers: 513 277-8166 P. O. or Contract No. BLANKET  
 Order Placed By: W. THOMAS Date: MAY 21 1979  
 Type of Industry (SIC No.): MFG 10  
 Designated Disposal/Recovery Facility: IWD SO LANDFILL DAYTON, OH

## DESCRIPTION OF WASTE (Must be filled by producer)

Type of Waste: ASBESTOS & H<sub>2</sub>O  
 (Indicate disposal facility code numbers)

Bulk Volume: 2000 gallons \_\_\_\_\_ tons \_\_\_\_\_ cubic yards \_\_\_\_\_ other (specify) \_\_\_\_\_  
 Containerized Waste: \_\_\_\_\_ drums \_\_\_\_\_ pallets \_\_\_\_\_ other \_\_\_\_\_  
 Physical State (circle): solid ☒ liquid \_\_\_\_\_ sludge \_\_\_\_\_ other (specify) \_\_\_\_\_  
 Hazardous Properties (circle): ☒ none \_\_\_\_\_ toxic \_\_\_\_\_ flammable \_\_\_\_\_ water-reactive \_\_\_\_\_ strong sensitizer \_\_\_\_\_ corrosive or irritant \_\_\_\_\_  
 air-reactive \_\_\_\_\_ other (specify) \_\_\_\_\_  
 pH (circle): less than 3 \_\_\_\_\_ greater than 10 \_\_\_\_\_

Major Components:  
 (Ex: Hydrochloric acid, lead, lime, crude oil)

Concentrations: (% or ppm)  
 Upper \_\_\_\_\_ Lower \_\_\_\_\_

- ASBESTOS DUST
- WATER
- 
- 

Special Handling Instructions (if any): \_\_\_\_\_

DOT Classifications: NOT LISTED

Name of HAULER (print or type): IWD LIQUID WASTE  
 Business address: 3106 SNYDER-DOMER RD SPRINGFIELD, OH  
 (NO.) (STREET) (CITY)

Telephone Number: 513 969-8346 Pick-up: \_\_\_\_\_ Times: 5-21-79 9:05 am

Waste Hauler's Permit No. (if applicable): \_\_\_\_\_

We certify that the described waste will be delivered to the disposal facility named above.

The HAULER shall retain Copy 2 after delivery.

SIGNATURE OF HAULER OR AUTHORIZED AGENT AND TITLE

We certify that the above described waste was delivered to the hauler named herein for disposal at the site named above.

**SHIPPER'S CERTIFICATION:** This is to certify that the above named materials are properly classified, described, packaged, marked and labelled and are in proper condition for transportation according to the applicable regulations of the Department of Transportation.

DATE: 5-21-79 SIGNATURE OF GENERATOR OR AUTHORIZED AGENT AND TITLE

The GENERATOR shall retain Copy 4 of this manifest after completing the GENERATOR and WASTE DESCRIPTION portions.

## DISPOSER OF WASTE (Must be filled in by disposer)

Name (print or type): \_\_\_\_\_

Site Address: \_\_\_\_\_

We certify that the hauler named above delivered the described waste to this disposal facility.

Permit No. \_\_\_\_\_ Volume measured at site (if applicable): \_\_\_\_\_

Treatment or Recovery Process (circle): Treatment ☒ Spreading Area \_\_\_\_\_ SLF Area \_\_\_\_\_ Other (specify): \_\_\_\_\_

If waste is to be held for disposal elsewhere, specify final location: \_\_\_\_\_

Disposal Date: \_\_\_\_\_

SIGNATURE OF GENERATOR OR AUTHORIZED AGENT AND TITLE

OF LADING

I.W.D. LIQUID WASTE INC.

16749

OWNER <u>INLAND MFG</u>	TYPE OF SERVICE <input checked="" type="checkbox"/> BARRELS <input checked="" type="checkbox"/> TANK <input type="checkbox"/> OTHER	TYPE OF LIQUID <input type="checkbox"/> ACID <input type="checkbox"/> SOLVENT <input type="checkbox"/> OIL <input type="checkbox"/> CAUSTIC <input type="checkbox"/> CYANIDE <input type="checkbox"/> OTHER
LOCATION <u>WANDALIA, OH</u>	DISPOSAL FACILITY <input type="checkbox"/> FILL <input type="checkbox"/> SYSTECH <input type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER	REMARKS <u>ASBESTOS &amp; H2O</u> <u>DOT HAZ CLAS.</u> <u>NOT LISTED</u>
TRUCK NO. <u>5-4-79</u>	VOLUME BARRELS GALLONS <u>2000</u>	
CONSIGNEE REPRESENTATIVE <u>Joe Hall</u>		
DISPOSAL FACILITY REPRESENTATIVE <u>Joe Hall</u>		
TANKAGE TRANSFER GALLONS TANK NO.		

DISPOSAL COPY



INDUSTRIAL WASTE DISPOSAL  
MAIN OFFICE: 3975 WAGONER FORD RD.  
DAYTON, OHIO 45414  
(513) 278-0821

☒ I.W.D. LIQUID WASTE  
3106 SNYDER-DOMER RD.  
SPRINGFIELD, OHIO 45502  
(513) 969-8346

☐ I.W.D. CHEMICAL DISPOSAL  
133 TWIN BRIDGES RD.  
DANVILLE, INDIANA 46122  
(317) 745-2878

HAZARDOUS WASTE MANIFEST

A 5836

I. GENERATOR OF WASTE (Must be filled in by producer)

Name (print or type): INLAND MFG  
Pick up Address: ENGLE RD VANDALIA, O  
(NO.) (STREET) (CITY)  
Telephone Numbers: 513 227-8166 P. O. or Contract No. BLANKET  
Order Placed By: W. THOMAS Date: 5-4-79  
Type of Industry (SIC No.): MFG CO  
Designated Disposal/Recovery Facility: IWD SO LANDFILL

DESCRIPTION OF WASTE (Must be filled by producer)

Type of Waste: ASBESTOS & H2O  
(Indicate disposal facility code numbers)  
Bulk Volume: 2000 gallons \_\_\_\_\_ tons \_\_\_\_\_ cubic yards \_\_\_\_\_ other (specify) \_\_\_\_\_  
Containerized Waste: \_\_\_\_\_ drums \_\_\_\_\_ pallets \_\_\_\_\_ other \_\_\_\_\_  
Physical State (circle): solid ☒ liquid \_\_\_\_\_ sludge \_\_\_\_\_ other (specify) \_\_\_\_\_  
Hazardous Properties (circle): ☒ none \_\_\_\_\_ toxic \_\_\_\_\_ flammable \_\_\_\_\_ water-reactive \_\_\_\_\_ strong sensitizer \_\_\_\_\_ corrosive or irritant \_\_\_\_\_  
pH (circle): less than 3 \_\_\_\_\_ greater than 10 \_\_\_\_\_

Major Components:  
(Ex: Hydrochloric acid, lead, lime, crude oil)  
1. ASBESTOS DUST  
2. WATER  
3. \_\_\_\_\_  
4. \_\_\_\_\_

Special Handling Instructions (if any): \_\_\_\_\_

DOT Classifications: NOT LISTED

Name of HAULER (print or type): IWD LIQUID WASTE  
Business address: 3106 SNYDER-DOMER RD SPRINGFIELD, O  
(NO.) (STREET) (CITY)

Telephone Number: 513 969-8346 Pick-up: \_\_\_\_\_ Times: 5-4-79 : 8:30 am \_\_\_\_\_ pm \_\_\_\_\_

Waste Hauler's Permit No. (if applicable): \_\_\_\_\_

We certify that the described waste will be delivered to the disposal facility named above.

The HAULER shall retain Copy 2 after delivery.

We certify that the above described waste was delivered to the hauler named herein for disposal at the site named above.

SHIPPER'S CERTIFICATION: This is to certify that the above named materials are properly classified, described, packaged, marked and labelled and are in proper condition for transportation according to the applicable regulations of the Department of Transportation.

DATE: 5-4-79 SIGNATURE OF GENERATOR OR AUTHORIZED AGENT AND TITLE: W. Thomas

The GENERATOR shall retain Copy 4 of this manifest after completing the GENERATOR and WASTE DESCRIPTION portions.

II. DISPOSER OF WASTE (Must be filled in by disposer)

Name (print or type): \_\_\_\_\_

Site Address: \_\_\_\_\_

We certify that the hauler named above delivered the described waste to this disposal facility.

Permit No. \_\_\_\_\_ Volume measured at site (if applicable): \_\_\_\_\_

Treatment or Recovery Process (circle): Treatment \_\_\_\_\_ Spreading Area \_\_\_\_\_ SLF Area \_\_\_\_\_ Other (specify): \_\_\_\_\_

If waste is to be held for disposal elsewhere, specify final location: Joe Hall

Disposal Date: \_\_\_\_\_

NAME: <b>INLAND MFG</b> LOCATION: <b>VAUDALIA, OH</b> TRUCK NO.: <b>616</b> DATE: <b>5-1-79</b> CONSIGNOR REPRESENTATIVE: <i>[Signature]</i> I.W.D. LIQUID WASTE: <i>[Signature]</i> DISPOSAL FACILITY REPRESENTATIVE: <i>Louis Hall</i> TANKAGE TRANSFER: _____ GALLONS: _____ TANK NO.: _____		TYPE OF SERVICE <input type="checkbox"/> BARRELS <input checked="" type="checkbox"/> TANK <input type="checkbox"/> OTHER DISPOSAL FACILITY <input type="checkbox"/> I.W.D. <input type="checkbox"/> SYSTECH <input checked="" type="checkbox"/> LANDFILL <i>So</i> <input type="checkbox"/> OTHER VOLUME BARRELS _____ GALLONS <b>2000</b>	TYPE OF LIQUID <input type="checkbox"/> ACID <input type="checkbox"/> SOLVENT <input type="checkbox"/> OIL <input type="checkbox"/> CAUSTIC <input type="checkbox"/> CYANIDE <input checked="" type="checkbox"/> OTHER REMARKS: <b>IN PLANT - 2:10 PM</b> <b>OUT - 2:40 PM</b> <b>ASBESTOS &amp; H<sub>2</sub>O</b> <b>DOT HAZ CLASS:</b> <b>NOT LISTED</b>
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DISPOSAL COPY



**INDUSTRIAL WASTE DISPOSAL**  
 MAIN OFFICE: 3975 WAGONER FORD RD.  
 DAYTON, OHIO 45414  
 (513) 278-0821

☒ **I.W.D. LIQUID WASTE**  
 3106 SNYDER-DOMER RD.  
 SPRINGFIELD, OHIO 45502  
 (513) 969-8346

☐ **I.W.D. CHEMICAL DISPOSAL**  
 133 TWIN BRIDGES RD.  
 DANVILLE, INDIANA 46122  
 (317) 745-2878

HAZARDOUS WASTE MANIFEST

**A 5585**

I. GENERATOR OF WASTE (Must be filled in by producer)

Name (print or type): **INLAND MFG**  
 Pickup Address: **EXXLE RD VAUDALIA, OH**  
 (NO.) (STREET) (CITY)  
 Telephone Numbers: **513 227-8166** P. O. or Contract No. **BLANKET**  
 Order Placed By: **W. THOMAS** Date: **MAY 1 1979**  
 Type of Industry (SIC No.): **MFG CO**  
 Designated Disposal/Recovery Facility: **IWD SO LANDFILL, DAYTON, OH**  
 DESCRIPTION OF WASTE (Must be filled by producer)  
 Type of Waste: **ASBESTOS & H<sub>2</sub>O**  
 (Indicate disposal facility code numbers)

Bulk Volume: **2000** gallons \_\_\_\_\_ tons \_\_\_\_\_ cubic yards \_\_\_\_\_ other (specify) \_\_\_\_\_  
 Containerized Waste: \_\_\_\_\_ drums \_\_\_\_\_ pallets \_\_\_\_\_ other \_\_\_\_\_  
 Physical State (circle): solid ☒ liquid \_\_\_\_\_ sludge other (specify) \_\_\_\_\_  
 Hazardous Properties (circle): ☒ none \_\_\_\_\_ toxic \_\_\_\_\_ flammable \_\_\_\_\_ water-reactive \_\_\_\_\_ strong sensitizer \_\_\_\_\_ corrosive or irritant \_\_\_\_\_  
 pH (circle): less than 3 \_\_\_\_\_ greater than 10 \_\_\_\_\_  
 Major Components:  
 (Ex: Hydrochloric acid, lead, lime, crude oil)  
 1. **ASBESTOS DUST**  
 2. **WATER**  
 3. \_\_\_\_\_  
 4. \_\_\_\_\_

Special Handling Instructions (if any): \_\_\_\_\_

DOT Classifications: **NOT LISTED**  
 Name of HAULER (print or type): **IWD LIQUID WASTE**  
 Business address: **3106 SNYDER-DOMER RD SPRINGFIELD, O**  
 (NO.) (STREET) (CITY)  
 Telephone Number: **513 969-8346** Pick-up: \_\_\_\_\_ Times: **5-1-79 2:15** pm

Waste Hauler's Permit No. (if applicable): \_\_\_\_\_  
 We certify that the described waste will be delivered to the disposal facility named above.  
 The HAULER shall retain Copy 2 after delivery.

We certify that the above described waste was delivered to the hauler named herein for disposal at the site named above.  
**SHIPPER'S CERTIFICATION:** This is to certify that the above named materials are properly classified, described, packaged, marked and labelled and are in proper condition for transportation according to the applicable regulations of the Department of Transportation.  
 DATE: **5-1-79** SIGNATURE OF GENERATOR OR AUTHORIZED AGENT AND TITLE: *W. Thomas*

The GENERATOR shall retain Copy 4 of this manifest after completing the GENERATOR and WASTE DESCRIPTION portions.

DISPOSER OF WASTE (Must be filled in by disposer)

Name (print or type): \_\_\_\_\_  
 Site Address: \_\_\_\_\_  
 We certify that the hauler named above delivered the described waste to this disposal facility.  
 Permit No. \_\_\_\_\_ Volume measured at site (if applicable): \_\_\_\_\_  
 Treatment or Recovery Process (circle): Treatment \_\_\_\_\_ Spreading Area \_\_\_\_\_ SKF Area \_\_\_\_\_ Other (specify): \_\_\_\_\_  
 If waste is to be held for disposal elsewhere, specify final location: *Louis Hall*  
 Disposal Date: \_\_\_\_\_

OF LADING

I.W.D. LIQUID WASTE INC.

16746

ORDER: <b>INLAND MFG</b>		TYPE OF SERVICE		TYPE OF LIQUID	
LOCATION: <b>VANDALIA, O</b>		<input type="checkbox"/> BARRELS		<input type="checkbox"/> ACID	
TRUCK NO.: <b>6116</b> DATE: <b>4-30-79</b>		<input checked="" type="checkbox"/> TANK		<input type="checkbox"/> SOLVENT	
CONSIGNOR REPRESENTATIVE: <b>X [Signature]</b>		<input type="checkbox"/> OTHER		<input type="checkbox"/> OIL	
I.W.D. LIQUID WASTE: <b>Waste</b>		DISPOSAL FACILITY		<input type="checkbox"/> CAUSTIC	
DISPOSAL FACILITY REPRESENTATIVE: <b>[Signature]</b>		<input type="checkbox"/> I.W.D.		<input type="checkbox"/> CYANIDE	
TANKAGE TRANSFER:		<input type="checkbox"/> SYSTECH		<input checked="" type="checkbox"/> OTHER	
GALLONS: _____		<input checked="" type="checkbox"/> LANDFILL <b>So</b>		REMARKS: <b>IN PLANT - 1.45 PM</b>	
TANK NO.: _____		<input type="checkbox"/> OTHER		<b>CUT - 2:25 PM</b>	
		VOLUME		<b>ASBESTOS H<sub>2</sub>O</b>	
		BARRELS _____		<b>DOT HAZ CLASS:</b>	
		GALLONS <b>2000</b>		<b>NOT LISTED</b>	

DISPOSAL COPY



**INDUSTRIAL WASTE DISPOSAL**  
MAIN OFFICE: 3975 WAGONER FORD RD.  
DAYTON, OHIO 45414  
(513) 278-0821

☒ **I.W.D. LIQUID WASTE**  
3106 SNYDER-DOMER RD.  
SPRINGFIELD, OHIO 45502  
(513) 969-8346

☐ **I.W.D. CHEMICAL DISPOSAL**  
133 TWIN BRIDGES RD.  
DANVILLE, INDIANA 46122  
(317) 745-2878

## HAZARDOUS WASTE MANIFEST

**A 5582****GENERATOR OF WASTE** (Must be filled in by producer)

Name (print or type): **INLAND MFG**  
Pick up Address: **EDGE RD VANDALIA, O**  
(NO.) (STREET) (CITY)  
Telephone Numbers: **(513) 227-8303** P. O. or Contract No. **BLANKET**  
Order Placed By: **W. THOMAS** Date: **APRIL 30, 1979**  
Type of Industry (SIC No.): **MFG Co.**  
Designated Disposal/Recovery Facility: **IWD So LANDFILL DAYTON, O**  
DESCRIPTION OF WASTE (Must be filled by producer)  
Type of Waste: **ASBESTOS & H<sub>2</sub>O**  
(Indicate disposal facility code numbers)  
Bulk Volume: **2000** gallons \_\_\_\_\_ tons \_\_\_\_\_ cubic yards \_\_\_\_\_ other(specify) \_\_\_\_\_  
Containerized Waste: \_\_\_\_\_ drums \_\_\_\_\_ pallets \_\_\_\_\_ other \_\_\_\_\_  
Physical State (circle): solid ☒ liquid \_\_\_\_\_ sludge other(specify) \_\_\_\_\_  
Hazardous Properties (circle): ☒ none toxic flammable water-reactive strong sensitizer corrosive or irritant  
air-reactive other(specify) \_\_\_\_\_

pH (circle): less than 3 greater than 10

## Major Components:

(Ex: Hydrochloric acid, lead, lime, crude oil)

	Concentrations: (% or ppm)	
	Upper	Lower
1. <b>ASBESTOS DUST</b>		
2. <b>WATER</b>		
3.		
4.		

Special Handling Instructions (if any): \_\_\_\_\_

DOT Classifications: **NOT LISTED**  
Name of HAULER (print or type): **IWD LIQUID WASTE**  
Business address: **3106 SNYDER-DOMER RD SPRINGFIELD, O**  
(NO.) (STREET) (CITY)  
Telephone Number: **(513) 969-8346** Pick-up: \_\_\_\_\_ Times: **4-30-79 1:45** pm

Waste Hauler's Permit No. (if applicable): \_\_\_\_\_

We certify that the described waste will be delivered to the disposal facility named above.

The HAULER shall retain Copy 2 after delivery.

SIGNATURE OF HAULER OR AUTHORIZED AGENT AND TITLE

We certify that the above described waste was delivered to the hauler named herein for disposal at the site named above.

**SHIPPER'S CERTIFICATION:** This is to certify that the above named materials are properly classified, described, packaged, marked and labelled and are in proper condition for transportation according to the applicable regulations of the Department of Transportation.

DATE: **4-30-79** SIGNATURE OF GENERATOR OR AUTHORIZED AGENT AND TITLE

The GENERATOR shall retain Copy 4 of this manifest after completing the GENERATOR and WASTE DESCRIPTION portions.

**POSER OF WASTE** (Must be filled in by disposer)

Name (print or type): \_\_\_\_\_

Site Address: \_\_\_\_\_

We certify that the hauler named above delivered the described waste to this disposal facility.

Permit No. \_\_\_\_\_ Volume measured at site (if applicable): \_\_\_\_\_

Treatment or Recovery Process (circle): Treatment Spreading Area SLF Area Other (specify): \_\_\_\_\_

If waste is to be held for disposal elsewhere, specify final location: **See H-10**

Disposal Date: \_\_\_\_\_

JMER: <u>IDLADN MFG</u>		TYPE OF SERVICE		TYPE OF LIQUID	
LOCATION: <u>VANDALIA, O</u>		<input type="checkbox"/> BARRELS		<input type="checkbox"/> ACID	
TRUCK NO.: <u>616</u> DATE: <u>4-28-79</u>		<input checked="" type="checkbox"/> TANK		<input type="checkbox"/> SOLVENT	
CONSIGNOR REPRESENTATIVE: <u>[Signature]</u>		<input type="checkbox"/> OTHER		<input type="checkbox"/> OIL	
I.W.D. LIQUID WASTE: <u>[Signature]</u>		DISPOSAL FACILITY		<input type="checkbox"/> CAUSTIC	
DISPOSAL FACILITY REPRESENTATIVE: <u>[Signature]</u>		<input type="checkbox"/> I.W.D.		<input type="checkbox"/> CYANIDE	
TANKAGE TRANSFER: <u>[Signature]</u>		<input type="checkbox"/> SYSTECH		<input checked="" type="checkbox"/> OTHER	
GALLONS: <u>2000</u>		<input checked="" type="checkbox"/> LANDFILL <u>So</u>		REMARKS: <u>ASBESTOS &amp; H<sub>2</sub>O</u>	
TANK NO.: <u>N/A</u>		<input type="checkbox"/> OTHER		<u>DOT HAZ CLASS:</u>	
		VOLUME		<u>NOT LISTED</u>	
		BARRELS			
		GALLONS <u>2000</u>			

DISPOSAL COPY



INDUSTRIAL WASTE DISPOSAL  
MAIN OFFICE: 3975 WAGONER FORD RD.  
DAYTON, OHIO 45414  
(513) 278-2821

☐ I.W.D. LIQUID WASTE  
3106 SNYDER-DOMER RD.  
SPRINGFIELD, OHIO 45502  
(513) 969-8346

☐ I.W.D. CHEMICAL DISPOSAL  
133 TWIN BRIDGES RD.  
DANVILLE, INDIANA 46122  
(317) 745-2878

## HAZARDOUS WASTE MANIFEST

A 5581

## I GENERATOR OF WASTE (Must be filled in by producer)

Name (print or type): IDLADN MFG  
Pick up Address: EDGE RD VANDALIA, O  
(NO.) (STREET) (CITY)  
Telephone Numbers: (513) 227-8303 P. O. or Contract No. BLANKET  
Order Placed By: W. THOMAS Date: APRIL 28, 1979  
Type of Industry (SIC No.): MFG CO  
Designated Disposal/Recovery Facility: IWD So LANDFILL DAYTON, O  
DESCRIPTION OF WASTE (Must be filled by producer)  
Type of Waste: ASBESTOS & H<sub>2</sub>O  
(Indicate disposal facility code numbers)

Bulk Volume: 2000 gallons \_\_\_\_\_ tons \_\_\_\_\_ cubic yards \_\_\_\_\_ other (specify) \_\_\_\_\_  
Containerized Waste: \_\_\_\_\_ drums \_\_\_\_\_ pallets \_\_\_\_\_ other \_\_\_\_\_  
Physical State (circle): solid ☒ liquid ☐ sludge other (specify) \_\_\_\_\_  
Hazardous Properties (circle): ☒ none ☐ toxic ☐ flammable ☐ water-reactive ☐ strong sensitizer ☐ corrosive or irritant  
air-reactive other (specify) \_\_\_\_\_  
pH (circle): less than 3 greater than 10

Major Components: \_\_\_\_\_ Concentrations: (% or ppm)  
(Ex: Hydrochloric acid, lead, lime, crude oil) Upper Lower  
1. ASBESTOS DUST  
2. WATER  
3. \_\_\_\_\_  
4. \_\_\_\_\_

Special Handling Instructions (if any): \_\_\_\_\_

DOT Classifications: NOT LISTED  
Name of HAULER (print or type): 3106 SNYDER-DOMER RD SPRINGFIELD, O  
Business address: IWD LIQUID WASTE  
(NO.) (STREET) (CITY)  
Telephone Number: (513) 969-8346 Pick-up: \_\_\_\_\_ Times: 4-28-79 am pm

Waste Hauler's Permit No. (if applicable): \_\_\_\_\_  
We certify that the described waste will be delivered to the disposal facility named above.

The HAULER shall retain Copy 2 after delivery. \_\_\_\_\_  
SIGNATURE OF HAULER OR AUTHORIZED AGENT AND TITLE

We certify that the above described waste was delivered to the hauler named herein for disposal at the site named above.  
SHIPPER'S CERTIFICATION: This is to certify that the above named materials are properly classified, described, packaged, marked and labelled and are in proper condition for transportation according to the applicable regulations of the Department of Transportation.

DATE: 4-28-79 \_\_\_\_\_  
SIGNATURE OF GENERATOR OR AUTHORIZED AGENT AND TITLE

The GENERATOR shall retain Copy 4 of this manifest after completing the GENERATOR and WASTE DESCRIPTION portions.

## POSER OF WASTE (Must be filled in by disposer)

Name (print or type): \_\_\_\_\_  
Site Address: \_\_\_\_\_

We certify that the hauler named above delivered the described waste to this disposal facility.

Permit No. \_\_\_\_\_ Volume measured at site (if applicable): \_\_\_\_\_

Treatment or Recovery Process (circle): Treatment Spreading Area SLF Area Other (specify): \_\_\_\_\_

If waste is to be held for disposal elsewhere, specify final location: \_\_\_\_\_

Disposal Date: 4-28-79 \_\_\_\_\_  
[Signature]

JMER: <b>INLAND MFG</b>		TYPE OF SERVICE		TYPE OF LIQUID	
LOCATION: <b>VANDALIA, OH</b>		<input type="checkbox"/> BARRELS <input checked="" type="checkbox"/> TANK <input type="checkbox"/> OTHER		<input type="checkbox"/> ACID <input type="checkbox"/> SOLVENT <input type="checkbox"/> OIL <input type="checkbox"/> CAUSTIC <input type="checkbox"/> CYANIDE <input checked="" type="checkbox"/> OTHER	
TRUCK NO.: <b>666</b>	DATE: <b>4-27-79</b>	DISPOSAL FACILITY		REMARKS: <b>NO PLANT - 7:00 AM</b> <b>CUT - 7:45 AM</b> <b>ASBESTOS H/C</b> <b>DOT HAZ CLAS:</b> <b>[NOT LISTED]</b>	
CONSIGNOR REPRESENTATIVE:		<input type="checkbox"/> I.W.D. <input type="checkbox"/> SYSTECH <input checked="" type="checkbox"/> LANDFILL <b>So</b> <input type="checkbox"/> OTHER			
I.W.D. LIQUID WASTE:		VOLUME			
DISPOSAL FACILITY REPRESENTATIVE:		BARRELS			
TANKAGE TRANSFER:		GALLONS <b>2000</b>			
GALLONS:					
TANK NO.:					

DISPOSAL COPY



**INDUSTRIAL WASTE DISPOSAL**  
 MAIN OFFICE: 3975 WAGONER FORD RD.  
 DAYTON, OHIO 45414  
 (513) 278-0821

☒ **I.W.D. LIQUID WASTE**  
 3106 SNYDER-DOMER RD.  
 SPRINGFIELD, OHIO 45502  
 (513) 969-8346

☐ **I.W.D. CHEMICAL DISPOSAL**  
 133 TWIN BRIDGES RD.  
 DANYVILLE, INDIANA 46122  
 (317) 745-2878

## HAZARDOUS WASTE MANIFEST

**A 5817**

## I. GENERATOR OF WASTE (Must be filled in by producer)

Name (print or type): **INLAND MANUFACTURING**

Address: **Engle Road** **Vandalia, Ohio 45377**  
 (NO.) (STREET) (CITY)

Telephone Numbers: **1 237 8303**

P. O. or Contract No.:

Order Placed By: **Standing order**Date: **APRIL 27, 1979**

Type of Industry (SIC No.):

Designated Disposal/Recovery Facility: **IWD SOUTH LANDFILL, Kettering OH**

## DESCRIPTION OF WASTE (Must be filled by producer)

Type of Waste: **asbestos/water**

(Indicate disposal facility code numbers)

Bulk Volume: **2000** gallons \_\_\_\_\_ tons \_\_\_\_\_ cubic yards \_\_\_\_\_ other(specify) \_\_\_\_\_

Containerized Waste: \_\_\_\_\_ drums \_\_\_\_\_ pallets \_\_\_\_\_ other \_\_\_\_\_

Physical State (circle): solid ☒ liquid \_\_\_\_\_ sludge \_\_\_\_\_ other(specify) \_\_\_\_\_

Hazardous Properties (circle): ☒ none \_\_\_\_\_ toxic \_\_\_\_\_ flammable \_\_\_\_\_ water-reactive \_\_\_\_\_ strong sensitizer \_\_\_\_\_ corrosive or irritant \_\_\_\_\_  
 air-reactive \_\_\_\_\_ other(specify) \_\_\_\_\_

pH (circle): less than 3 \_\_\_\_\_ greater than 10 \_\_\_\_\_

## Major Components:

(Ex: Hydrochloric acid, lead, lime, crude oil)

Concentrations: (% or ppm)

Upper

Lower

1. **ASBESTOS DUST**2. **WATER**

3. \_\_\_\_\_

4. \_\_\_\_\_

Special Handling Instructions (if any): \_\_\_\_\_

DOT Classifications: **non hazardous-----no placarding required**Name of HAULER (print or type): **I W D LIQUID WASTE INC**Business address: **3106 Snyder Domer Road, Springfield, Ohio 45502**

(NO.)

(STREET)

(CITY)

Telephone Number: **1 969 8346**

Pick-up:

Times:

**4-27-79 7:00 am**

Waste Hauler's Permit No. (if applicable):

We certify that the described waste will be delivered to the disposal facility named above.

The HAULER shall retain Copy 2 after delivery.

SIGNATURE OF HAULER OR AUTHORIZED AGENT AND TITLE

We certify that the above described waste was delivered to the hauler named herein for disposal at the site named above.

**SHIPPER'S CERTIFICATION:** This is to certify that the above named materials are properly classified, described, packaged, marked and labelled and are in proper condition for transportation according to the applicable regulations of the Department of Transportation.

DATE

SIGNATURE OF GENERATOR OR AUTHORIZED AGENT AND TITLE

The GENERATOR shall retain Copy 4 of this manifest after completing the GENERATOR and WASTE DESCRIPTION portions.

## POSER OF WASTE (Must be filled in by disposer)

Name (print or type):

Site Address:

We certify that the hauler named above delivered the described waste to this disposal facility.

Permit No.:

Volume measured at site (if applicable):

Treatment or Recovery Process (circle): Treatment \_\_\_\_\_ Spreading Area \_\_\_\_\_ SLF Area \_\_\_\_\_ Other (specify): \_\_\_\_\_

If waste is to be held for disposal elsewhere, specify final location:

Disposal Date:



BILL OF LADING

I.W.D. LIQUID WASTE INC.

16/39

ORDER NO. <b>111111</b>	TYPE OF SERVICE <input type="checkbox"/> BARRELS <input checked="" type="checkbox"/> TANK <input type="checkbox"/> OTHER	TYPE OF LIQUID <input type="checkbox"/> ACID <input type="checkbox"/> SOLVENT <input type="checkbox"/> OIL <input type="checkbox"/> CAUSTIC <input type="checkbox"/> CYANIDE <input checked="" type="checkbox"/> OTHER
LOCATION <b>VANDALIA, OH</b>	DISPOSAL FACILITY <input type="checkbox"/> I.W.D. <input type="checkbox"/> SYSTECH <input checked="" type="checkbox"/> LANDFILL <b>So</b> <input type="checkbox"/> OTHER	REMARKS: <b>IN PLANT - 7:05 AM</b> <b>CUT " - 7:45 AM</b> <b>ASBESTOS + H<sub>2</sub>O</b> <b>DOT HAZ CLAS:</b> <b>NOT HESD</b>
TRUCK NO. <b>616</b> DATE: <b>4-26-79</b>	VOLUME BARRELS GALLONS <b>2000</b>	
CONSIGNOR REPRESENTATIVE: <b>[Signature]</b>		
DISPOSAL FACILITY REPRESENTATIVE: <b>[Signature]</b>		
L.W.D. LIQUID WASTE <b>[Signature]</b>		
TANKAGE TRANSFER: <b>[Signature]</b>		
GALLONS: _____		
TANK NO.: _____		

DISPOSAL COPY



**INDUSTRIAL WASTE DISPOSAL**  
MAIN OFFICE: 3975 WAGONER FORD RD.  
DAYTON, OHIO 45414  
(513) 278-0821

☒ **I.W.D. LIQUID WASTE**  
3106 SNYDER-DOMER RD.  
SPRINGFIELD, OHIO 45502  
(513) 969-8346

☐ **I.W.D. CHEMICAL DISPOSAL**  
133 TWIN BRIDGES RD.  
DANVILLE, INDIANA 46122  
(317) 745-2878

## HAZARDOUS WASTE MANIFEST

**A 5801**

GENERATOR OF WASTE (Must be filled in by producer)

Name (print or type): **INLAND MANUFACTURING**Pick up Address: **Engle Road Vandalia, Ohio 45377**

(NO.)

(STREET)

(CITY)

Telephone Numbers: **237 8303** P. O. or Contract No. **Blanket Order**Order Placed By: **Standing order** Date: **Thursday**

Type of Industry (SIC No.): \_\_\_\_\_

Designated Disposal/Recovery Facility: **IWD SOUTH LANDFILL, Dayton, Ohio**

DESCRIPTION OF WASTE (Must be filled in by producer)

Type of Waste: **asbestos & water**

(Indicate disposal facility code numbers)

Bulk Volume: **2000** gallons \_\_\_\_\_ tons \_\_\_\_\_ cubic yards \_\_\_\_\_ other(specify) \_\_\_\_\_

Containerized Waste: \_\_\_\_\_ drums \_\_\_\_\_ pallets \_\_\_\_\_ other \_\_\_\_\_

Physical State (circle): solid ☒ liquid \_\_\_\_\_ sludge other(specify) \_\_\_\_\_Hazardous Properties (circle): ☒ none \_\_\_\_\_ toxic \_\_\_\_\_ flammable \_\_\_\_\_ water-reactive \_\_\_\_\_ strong sensitizer \_\_\_\_\_ corrosive or irritant \_\_\_\_\_  
air-reactive \_\_\_\_\_ other(specify) \_\_\_\_\_

pH (circle): less than 3 \_\_\_\_\_ greater than 10 \_\_\_\_\_

Major Components:

(Ex: Hydrochloric acid, lead, lime, crude oil)

Concentrations: (% or ppm)  
Upper Lower1. **ASBESTOS DUST**2. **WATER**

3. \_\_\_\_\_

4. \_\_\_\_\_

Special Handling Instructions (if any): \_\_\_\_\_

DOT Classifications: **non hazardous-----no placarding required**Name of HAULER (print or type): **I W D LIQUID WASTE INC**Business address: **3106 Snyder Domer Road, Springfield, Ohio 45502**

(NO.)

(STREET)

(CITY)

Telephone Number: **1 513 969 8346**

Pick-up: \_\_\_\_\_

Times: **4:26-79****7:00** am

Waste Hauler's Permit No. (if applicable): \_\_\_\_\_

We certify that the described waste will be delivered to the disposal facility named above.

The HAULER shall retain Copy 2 after delivery.

SIGNATURE OF HAULER OR AUTHORIZED AGENT AND TITLE

We certify that the above described waste was delivered to the hauler named herein for disposal at the site named above.

SHIPPER'S CERTIFICATION: This is to certify that the above named materials are properly classified, described, packaged, marked and labelled and are in proper condition for transportation according to the applicable regulations of the Department of Transportation.

DATE: **4-26-79** SIGNATURE OF GENERATOR OR AUTHORIZED AGENT AND TITLE

The GENERATOR shall retain Copy 4 of this manifest after completing the GENERATOR and WASTE DESCRIPTION portions.

DISPOSER OF WASTE (Must be filled in by disposer)

Name (print or type): \_\_\_\_\_

Site Address: \_\_\_\_\_

We certify that the hauler named above delivered the described waste to this disposal facility.

Permit No. \_\_\_\_\_ Volume measured at site (if applicable): \_\_\_\_\_

Treatment or Recovery Process (circle): Treatment \_\_\_\_\_ Spreading Area \_\_\_\_\_ SLF Area \_\_\_\_\_ Other (specify): \_\_\_\_\_

If waste is to be held for disposal elsewhere, specify final location:

Disposal Date: \_\_\_\_\_

OF LADING

I.W.D. LIQUID WASTE INC.

16693

<b>LOCATION:</b> VANDALIA, OHIO		<b>TYPE OF SERVICE</b> <input type="checkbox"/> BARRELS <input checked="" type="checkbox"/> TANK <input type="checkbox"/> OTHER	<b>TYPE OF LIQUID</b> <input type="checkbox"/> ACID <input type="checkbox"/> SOLVENT <input type="checkbox"/> OIL <input type="checkbox"/> CAUSTIC <input type="checkbox"/> CYANIDE <input checked="" type="checkbox"/> OTHER
<b>TRUCK NO.:</b> 601	<b>DATE:</b> 4-25-79	<b>DISPOSAL FACILITY</b> <input type="checkbox"/> I.W.D. <input type="checkbox"/> SYSTECH <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER	<b>REMARKS:</b> Asbestos/water NOT CLASSIFIED 100 GALLONS 2000 GALLONS
<b>CONSIGNOR REPRESENTATIVE:</b> [Signature]		<b>VOLUME</b> BARRELS GALLONS	
<b>DISPOSAL FACILITY REPRESENTATIVE:</b> Lois Hall			
<b>TANKAGE TRANSFER:</b> GALLONS:			
<b>TANK NO.:</b>			

DISPOSAL COPY



**INDUSTRIAL WASTE DISPOSAL**  
 MAIN OFFICE: 3975 WAGONER FORD RD.  
 DAYTON, OHIO 45414  
 (513) 278-0821

☐ **I.W.D. LIQUID WASTE**  
 3106 SNYDER-DOMER RD.  
 SPRINGFIELD, OHIO 45502  
 (513) 969-8346

☐ **I.W.D. CHEMICAL DISPOSAL**  
 133 TWIN BRIDGES RD.  
 DANVILLE, INDIANA 46122  
 (317) 745-2878

HAZARDOUS WASTE MANIFEST

A 5774

**GENERATOR OF WASTE** (Must be filled in by producer)

Name (print or type): I.W.D.  
 Pick up Address: ENGLE RD. VANDALIA  
 (NO.) (STREET) (CITY)

Telephone Numbers: \_\_\_\_\_ P. O. or Contract No. \_\_\_\_\_

Order Placed By: DEPT 830 Date: 4-25-79

Type of Industry (SIC No.): \_\_\_\_\_

Designated Disposal/Recovery Facility: IWD South LANDFILL

**DESCRIPTION OF WASTE** (Must be filled by producer)

Type of Waste: ASBESTOS/WATER  
 (Indicate disposal facility code number(s))

Bulk Volume: 2000 gallons \_\_\_\_\_ tons \_\_\_\_\_ cubic yards \_\_\_\_\_ other (specify) \_\_\_\_\_

Containerized Waste: \_\_\_\_\_ drums \_\_\_\_\_ pallets \_\_\_\_\_ other \_\_\_\_\_

Physical State (circle): solid liquid sludge other (specify) \_\_\_\_\_

Hazardous Properties (circle): none toxic flammable water-reactive strong sensitizer corrosive or irritant  
 air-reactive other (specify) \_\_\_\_\_

pH (circle): less than 3 greater than 10

Major Components: \_\_\_\_\_ Concentrations: (% or ppm)  
 (Ex: Hydrochloric acid, lead, lime, crude oil) Upper Lower

- ASBESTOS
- WATER
- 
- 

Special Handling Instructions (if any): NONE

DOT Classifications: NONE

Name of HAULER (print or type): IWD Liquid

Business address: 3106 SNYDER-DOMER RD. SPRINGFIELD Ohio  
 (NO.) (STREET) (CITY)

Telephone Number: 513 9698346 Pick-up: \_\_\_\_\_ Times: \_\_\_\_\_ am pm

Waste Hauler's Permit No. (if applicable): \_\_\_\_\_

We certify that the described waste will be delivered to the disposal facility named above.

The HAULER shall retain Copy 2 after delivery.

SIGNATURE OF HAULER OR AUTHORIZED AGENT AND TITLE

We certify that the above described waste was delivered to the hauler named herein for disposal at the site named above.

**SHIPPER'S CERTIFICATION:** This is to certify that the above named materials are properly classified, described, packaged, marked and labelled and are in proper condition for transportation according to the applicable regulations of the Department of Transportation.

DATE: 4-25-79 SIGNATURE OF GENERATOR OR AUTHORIZED AGENT AND TITLE

GENERATOR shall retain Copy 4 of this manifest after completing the GENERATOR and WASTE DESCRIPTION portions.

**DISPOSER OF WASTE** (Must be filled in by disposer)

Name (print or type): \_\_\_\_\_

Site Address: \_\_\_\_\_

We certify that the hauler named above delivered the described waste to this disposal facility.

Permit No. \_\_\_\_\_ Volume measured at site (if applicable): \_\_\_\_\_

Treatment or Recovery Process (circle): Treatment Spreading Area SLF Area Other (specify): \_\_\_\_\_

If waste is to be held for disposal elsewhere, specify final location:

Disposal Date: Lois Hall

POINT OF LADING

I.W.D. LIQUID WASTE INC.

16692

NUMBER: <u>INLAND</u>		TYPE OF SERVICE		TYPE OF LIQUID	
LOCATION: <u>VANDALIA, OHIO</u>		<input type="checkbox"/> BARRELS		<input type="checkbox"/> ACID	
TRUCK NO.: <u>1001</u>		<input checked="" type="checkbox"/> TANK		<input type="checkbox"/> SOLVENT	
DATE: <u>4-25-79</u>		<input type="checkbox"/> OTHER		<input type="checkbox"/> OIL	
CONSIGNOR REPRESENTATIVE: <u>[Signature]</u>		DISPOSAL FACILITY		<input type="checkbox"/> CAUSTIC	
I.W.D. LIQUID WASTE: <u>[Signature]</u>		<input type="checkbox"/> I.W.D.		<input type="checkbox"/> CYANIDE	
DISPOSAL FACILITY REPRESENTATIVE: <u>[Signature]</u>		<input type="checkbox"/> SYSTECH		<input checked="" type="checkbox"/> OTHER	
TANKAGE TRANSFER:		<input checked="" type="checkbox"/> LANDFILL		REMARKS: <u>Blanket order</u>	
GALLONS: _____		<input type="checkbox"/> OTHER		<u>in 7:51</u>	
TANK NO.: _____		VOLUME		<u>out 8:55</u>	
		BARRELS _____			
		GALLONS _____			

DISPOSAL COPY



INDUSTRIAL WASTE DISPOSAL  
MAIN OFFICE: 3975 WAGONER FORD RD.  
DAYTON, OHIO 45414  
(513) 278-0821

☒ I.W.D. LIQUID WASTE  
3106 SNYDER-DOMER RD.  
SPRINGFIELD, OHIO 45502  
(513) 969-8346

☐ I.W.D. CHEMICAL DISPOSAL  
133 TWIN BRIDGES RD.  
DANVILLE, INDIANA 46122  
(317) 745-2878

HAZARDOUS WASTE MANIFEST

A 5798

I. GENERATOR OF WASTE (Must be filled in by producer)

Name (print or type): INLAND MANUFACTURING  
Address: Engle Road, Vandalia, Ohio 45377  
(NO.) 227 8303 (STREET) (CITY)  
Telephone Numbers: Blanket order P. O. or Contract No.  
Order Placed By: Standing order Date: 4-25-79

Type of Industry (SIC No.) \_\_\_\_\_  
Designated Disposal/Recovery Facility: I W D CHEMICAL, South Landfill, Ohio

DESCRIPTION OF WASTE (Must be filled by producer)

Type of Waste: asbestos/water  
(Indicate disposal facility code numbers)

Bulk Volume: 2000 gallons \_\_\_\_\_ tons \_\_\_\_\_ cubic yards \_\_\_\_\_ other(specify) \_\_\_\_\_

Containerized Waste: \_\_\_\_\_ drums \_\_\_\_\_ pallets \_\_\_\_\_ other \_\_\_\_\_

Physical State (circle): solid liquid sludge other(specify) \_\_\_\_\_

Hazardous Properties (circle): none toxic flammable water-reactive strong sensitizer corrosive or irritant  
air-reactive other(specify) \_\_\_\_\_

pH (circle): less than 3 greater than 10

Major Components: \_\_\_\_\_ Concentrations: (% or ppm)  
(Ex: Hydrochloric acid, lead, lime, crude oil) Upper Lower

- ASBESTOS
- WATER
- 
- 

Special Handling Instructions (if any): NONE

DOT Classifications: non hazardous-----no placarding required

Name of HAULER (print or type): I W D LIQUID WASTE INC

Business address: 3106 Snyder Domer Road, Springfield, Ohio 45502  
(NO.) (STREET) (CITY)

Telephone Number: 513 969 8346 Pick-up: \_\_\_\_\_ Times: \_\_\_\_\_ am pm

Waste Hauler's Permit No. (if applicable): \_\_\_\_\_

We certify that the described waste will be delivered to the disposal facility named above.

The HAULER shall retain Copy 2 after delivery. [Signature]  
SIGNATURE OF HAULER OR AUTHORIZED AGENT AND TITLE

We certify that the above described waste was delivered to the hauler named herein for disposal at the site named above.

SHIPPER'S CERTIFICATION: This is to certify that the above named materials are properly classified, described, packaged, marked and labelled and are in proper condition for transportation according to the applicable regulations of the Department of Transportation. 4-25-79  
DATE

SIGNATURE OF GENERATOR OR AUTHORIZED AGENT AND TITLE

GENERATOR shall retain Copy 4 of this manifest after completing the GENERATOR and WASTE DESCRIPTION portions.

DISPOSER OF WASTE (Must be filled in by disposer)

Name (print or type): \_\_\_\_\_

Site Address: \_\_\_\_\_

We certify that the hauler named above delivered the described waste to this disposal facility.

Permit No. \_\_\_\_\_ Volume measured at site (if applicable): \_\_\_\_\_

Treatment or Recovery Process (circle): Treatment Spreading Area SLF Area Other (specify): \_\_\_\_\_

If waste is to be held for disposal elsewhere, specify final location: Landfill

Disposal Date: \_\_\_\_\_

OF LADING

I.W.D. LIQUID WASTE INC.

16737

DRIVER: <u>INLAND MFG</u> LOCATION: <u>VANDALIA, O</u> TRUCK NO.: <u>616</u> DATE: <u>4-24-79</u> CONSIGNOR REPRESENTATIVE: <u>[Signature]</u> I.W.D. LIQUID WASTE: <u>[Signature]</u> DISPOSAL FACILITY REPRESENTATIVE: <u>Lois Hall</u> TANKAGE TRANSFER: GALLONS: _____ TANK NO.: _____		TYPE OF SERVICE <input type="checkbox"/> BARRELS <input type="checkbox"/> TANK <input type="checkbox"/> OTHER DISPOSAL FACILITY <input type="checkbox"/> I.W.D. <input type="checkbox"/> SYSTECH <input checked="" type="checkbox"/> LANDFILL <u>So</u> <input type="checkbox"/> OTHER VOLUME BARRELS _____ GALLONS <u>2000</u>	TYPE OF LIQUID <input type="checkbox"/> ACID <input type="checkbox"/> SOLVENT <input type="checkbox"/> OIL <input type="checkbox"/> CAUSTIC <input type="checkbox"/> CYANIDE <input checked="" type="checkbox"/> OTHER REMARKS: <u>IN PLANT - 12.50 PM</u> <u>CUT - 1:40 PM</u> <u>ASBESTOS &amp; H<sub>2</sub>O</u> <u>DOT HAZ CLASS:</u> <u>NOT LISTED</u>
--	--	--	--

DISPOSAL COPY



INDUSTRIAL WASTE DISPOSAL  
 MAIN OFFICE: 3975 WAGONER FORD RD.  
 DAYTON, OHIO 45414  
 (513) 278-0821

☒ I.W.D. LIQUID WASTE  
 3106 SNYDER-DOMER RD.  
 SPRINGFIELD, OHIO 45502  
 (513) 969-8346

☐ I.W.D. CHEMICAL DISPOSAL  
 133 TWIN BRIDGES RD.  
 DANVILLE, INDIANA 46122  
 (317) 745-2878

HAZARDOUS WASTE MANIFEST

A 5578

I. GENERATOR OF WASTE (Must be filled in by producer)

Name (print or type): INLAND MFG  
 Pick up Address: ENGLE RD VANDALIA, O  
 (NO.) (STREET) (CITY)  
 Telephone Numbers: 513 227-8166 P. O. or Contract No. BLANKET  
 Order Placed By: W. THOMAS Date: APRIL 24-79  
 Type of Industry (SIC No.): MFG CW  
 Designated Disposal/Recovery Facility: IWD So LANDFILL DAYTON, O  
 DESCRIPTION OF WASTE (Must be filled by producer)  
 Type of Waste: ASBESTOS & H<sub>2</sub>O  
 (Indicate disposal facility code numbers)

Bulk Volume: 2000 gallons \_\_\_\_\_ tons \_\_\_\_\_ cubic yards \_\_\_\_\_ other(specify) \_\_\_\_\_  
 Containerized Waste: \_\_\_\_\_ drums \_\_\_\_\_ pallets \_\_\_\_\_ other \_\_\_\_\_  
 Physical State (circle): solid liquid sludge other(specify) \_\_\_\_\_  
 Hazardous Properties (circle): none toxic flammable water-reactive strong sensitizer corrosive or irritant  
 air-reactive other(specify) \_\_\_\_\_  
 pH (circle): less than 3 greater than 10

Major Components: \_\_\_\_\_ Concentrations: (% or ppm)  
 (Ex: Hydrochloric acid, lead, lime, crude oil) Upper Lower  
 1. ASBESTOS DUST  
 2. WATER  
 3. \_\_\_\_\_  
 4. \_\_\_\_\_

Special Handling Instructions (if any): \_\_\_\_\_

DOT Classifications: NOT LISTED  
 Name of HAULER (print or type): IWD LIQUID WASTE  
 Business address: 3106 SNYDER-DOMER RD SPRINGFIELD, O  
 (NO.) (STREET) (CITY)  
 Telephone Number: 513 969-8346 Pick-up: \_\_\_\_\_ Times: 4-24-79 12:40 pm

Waste Hauler's Permit No. (if applicable): \_\_\_\_\_  
 We certify that the described waste will be delivered to the disposal facility named above.  
 The HAULER shall retain Copy 2 after delivery.  
 SIGNATURE OF HAULER OR AUTHORIZED AGENT AND TITLE

We certify that the above described waste was delivered to the hauler named herein for disposal at the site named above.  
 SHIPPER'S CERTIFICATION: This is to certify that the above named materials are properly classified, described, packaged, marked and labelled and are in proper condition for transportation according to the applicable regulations of the Department of Transportation.  
 DATE: 4-24-79 SIGNATURE OF GENERATOR OR AUTHORIZED AGENT AND TITLE  
 The GENERATOR shall retain Copy 4 of this manifest after completing the GENERATOR and WASTE DESCRIPTION portions.

II. DISPOSER OF WASTE (Must be filled in by disposer)

Name (print or type): \_\_\_\_\_  
 Site Address: \_\_\_\_\_  
 We certify that the hauler named above delivered the described waste to this disposal facility.  
 Permit No. \_\_\_\_\_ Volume measured at site (if applicable): \_\_\_\_\_  
 Treatment or Recovery Process (circle): Treatment Spreading Area SLF Area Other (specify): \_\_\_\_\_  
 If waste is to be held for disposal elsewhere, specify final location: \_\_\_\_\_

General Data

LOADING

I.W.D. LIQUID WASTE INC.

16690

CUSTOMER: <u>Inland</u>		TYPE OF SERVICE <input checked="" type="checkbox"/> BARRELS <input checked="" type="checkbox"/> TANK <input type="checkbox"/> OTHER		TYPE OF LIQUID <input type="checkbox"/> ACID <input type="checkbox"/> SOLVENT <input type="checkbox"/> OIL <input type="checkbox"/> CAUSTIC <input type="checkbox"/> CYANIDE <input checked="" type="checkbox"/> OTHER	
LOCATION: <u>Vandalia Ohio</u>		DISPOSAL FACILITY <input type="checkbox"/> I.W.D. <input type="checkbox"/> SYSTECH <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER		REMARKS: <u>Asbestos</u> <u>Waste</u> <u>925</u>	
TRUCK NO.: <u>1001</u>	DATE: <u>4-23-79</u>	VOLUME BARRELS GALLONS <u>925</u>			
CONSIGNOR REPRESENTATIVE: <u>[Signature]</u>					
I.W.D. LIQUID WASTE: <u>Asbestos</u>					
DISPOSAL FACILITY REPRESENTATIVE: <u>Louis Hall</u>					
TANKAGE TRANSFER:					
GALLONS:					
TANK NO.:					

DISPOSAL COPY



INDUSTRIAL WASTE DISPOSAL

MAIN OFFICE: 3975 WAGONER FORD RD.  
DAYTON, OHIO 45414  
(513) 278-0821

XXXX

I.W.D. LIQUID WASTE

3106 SNYDER-DOMER RD.  
SPRINGFIELD, OHIO 45502  
(513) 969-8346

I.W.D. CHEMICAL DISPOSAL

133 TWIN BRIDGES RD.  
DANVILLE, INDIANA 46122  
(317) 745-2878

HAZARDOUS WASTE MANIFEST

A 5773

GENERATOR OF WASTE (Must be filled in by producer)

INLAND MANUFACTURING

Name (print or type): Engle Road, Vandalia, Ohio 45377

Pick up Address: (NO.) (STREET) (CITY)

Telephone Numbers: 227 8303 P. O. or Contract No.

Order Placed By: DEPT 830 Date: 4-23-79

Type of Industry (SIC No.): MFG

Designated Disposal/Recovery Facility: IWD South Landfill, Dayton, Ohio

DESCRIPTION OF WASTE (Must be filled by producer)

Type of Waste: asbestos, [redacted]

(Indicate disposal facility code numbers)

Bulk Volume: 2000 gallons \_\_\_\_\_ tons \_\_\_\_\_ cubic yards \_\_\_\_\_ other (specify) \_\_\_\_\_

Containerized Waste: \_\_\_\_\_ drums \_\_\_\_\_ pallets \_\_\_\_\_ other \_\_\_\_\_

Physical State (circle): solid liquid sludge other (specify) \_\_\_\_\_

Hazardous Properties (circle): none toxic flammable water-reactive strong sensitizer corrosive or irritant

air-reactive other (specify) \_\_\_\_\_

pH (circle): less than 3 greater than 10

Major Components:

(Ex: Hydrochloric acid, lead, lime, crude oil)

Concentrations: (% or ppm)

Upper Lower

1. Asbestos

2. WATER

Special Handling Instructions (if any): NONE

DOT Classifications: ☒ non hazardous-----no placarding required

Name of HAULER (print or type): I W D LIQUID WASTE INC

Business address: 3106 Snyder Domer Road, Springfield, Ohio 45502

(NO.) (STREET) (CITY)

Telephone Number: 513-969-8346 Pick-up: \_\_\_\_\_ Times: \_\_\_\_\_ am pm

Waste Hauler's Permit No. (if applicable): \_\_\_\_\_

We certify that the described waste will be delivered to the disposal facility named above.

The HAULER shall retain Copy 2 after delivery.

[Signature]  
SIGNATURE OF HAULER OR AUTHORIZED AGENT AND TITLE

We certify that the above described waste was delivered to the hauler named herein for disposal at the site named above.

SHIPPER'S CERTIFICATION: This is to certify that the above named materials are properly classified, described, packaged, marked and labelled and are in proper condition for transportation according to the applicable regulations of the Department of Transportation.

DATE: 4-23-79

[Signature]  
SIGNATURE OF GENERATOR OR AUTHORIZED AGENT AND TITLE

The GENERATOR shall retain Copy 4 of this manifest after completing the GENERATOR and WASTE DESCRIPTION portions.

II. DISPOSER OF WASTE (Must be filled in by disposer)

Name (print or type): \_\_\_\_\_

Site Address: \_\_\_\_\_

We certify that the hauler named above delivered the described waste to this disposal facility.

Permit No. \_\_\_\_\_ Volume measured at site (if applicable): \_\_\_\_\_

Treatment or Recovery Process (circle): Treatment Spreading Area SLF Area Other (specify): \_\_\_\_\_

If waste is to be held for disposal elsewhere, specify final location:

Louis Hall

Original Date:

OF LADING

I.W.D. LIQUID WASTE INC.

16684

CUSTOMER: <u>INLAND</u>		TYPE OF SERVICE <input type="checkbox"/> BARRELS <input checked="" type="checkbox"/> TANK <input type="checkbox"/> OTHER		TYPE OF LIQUID <input type="checkbox"/> ACID <input type="checkbox"/> SOLVENT <input type="checkbox"/> OIL <input type="checkbox"/> CAUSTIC <input type="checkbox"/> CYANIDE <input checked="" type="checkbox"/> OTHER	
LOCATION: <u>VANDALIA, OHIO</u>		DISPOSAL FACILITY <input type="checkbox"/> I.W.D. <input type="checkbox"/> SYSTECH <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER		REMARKS: <u>ADD 10 MIN FOR PUMP CHECK FROM WED-4-19-79</u>	
TRUCK NO.: <u>601</u>	DATE: <u>4-19-79</u>	VOLUME BARRELS _____ GALLONS <u>110</u>			
CONSIGNOR REPRESENTATIVE: <u>[Signature]</u>		TANKAGE TRANSFER: GALLONS: _____ TANK NO.: _____			
I.W.D. LIQUID WASTE: <u>[Signature]</u>		DISPOSAL FACILITY REPRESENTATIVE: <u>[Signature]</u>			

DISPOSAL COPY



INDUSTRIAL WASTE DISPOSAL  
MAIN OFFICE: 3975 WAGONER FORD RD.  
DAYTON, OHIO 45414  
(513) 278-0821

☒ I.W.D. LIQUID WASTE  
3106 SNYDER-DOMER RD.  
SPRINGFIELD, OHIO 45502  
(513) 969-8346

☐ I.W.D. CHEMICAL DISPOSAL  
133 TWIN BRIDGES RD.  
DANVILLE, INDIANA 46122  
(317) 745-2878

HAZARDOUS WASTE MANIFEST

A 5753

GENERATOR OF WASTE (Must be filled in by producer)

Name (print or type): INLAND MANUFACTURING

Pick up Address: Engle Road, Vandalia, Ohio 45377  
(NO.) (STREET) (CITY)

Telephone Numbers: 227 8303 P. O. or Contract No. Blanket Order

Order Placed By: Standing Order Date: 4-19-79

Type of Industry (SIC No.): \_\_\_\_\_

Designated Disposal/Recovery Facility: I W D SOUTH LANDFILL, Dayton, Ohio

DESCRIPTION OF WASTE (Must be filled by producer)

Type of Waste: asbestos and water  
(Indicate disposal facility code numbers)

Bulk Volume: 1800 gallons \_\_\_\_\_ tons \_\_\_\_\_ cubic yards \_\_\_\_\_ other (specify) \_\_\_\_\_

Containerized Waste: \_\_\_\_\_ drums \_\_\_\_\_ pallets \_\_\_\_\_ other \_\_\_\_\_

Physical State (circle): solid liquid sludge other (specify) \_\_\_\_\_

Hazardous Properties (circle): none toxic flammable water-reactive strong sensitizer corrosive or irritant  
air-reactive other (specify) \_\_\_\_\_

pH (circle): less than 3 greater than 10

Major Components: \_\_\_\_\_ Concentrations: (% or ppm)  
(Ex: Hydrochloric acid, lead, lime, crude oil) Upper Lower

1. Asbestos \_\_\_\_\_

2. WATER \_\_\_\_\_

Special Handling Instructions (if any): gloves, goggles, hard hat with face shield

DOT Classifications: non hazardous-----no placarding required

Name of HAULER (print or type): I W D LIQUID WASTE INC

Business address: 3106 Snyder-Domer Road, Springfield, Ohio 45502  
(NO.) (STREET) (CITY)

Telephone Number: 1 969 8346 Pick-up: \_\_\_\_\_ Times: \_\_\_\_\_ am pm

Waste Hauler's Permit No. (if applicable): \_\_\_\_\_

We certify that the described waste will be delivered to the disposal facility named above.

The HAULER shall retain Copy 2 after delivery.

[Signature]  
SIGNATURE OF HAULER OR AUTHORIZED AGENT AND TITLE

We certify that the above described waste was delivered to the hauler named herein for disposal at the site named above.

SHIPPER'S CERTIFICATION: This is to certify that the above named materials are properly classified, described, packaged, marked and labeled and are in proper condition for transportation according to the applicable regulations of the Department of Transportation.

DATE: 4-19-79 SIGNATURE OF GENERATOR OR AUTHORIZED AGENT AND TITLE  
[Signature]

The GENERATOR shall retain Copy 4 of this manifest after completing the GENERATOR and WASTE DESCRIPTION portions.

II. DISPOSER OF WASTE (Must be filled in by disposer)

Name (print or type): \_\_\_\_\_

Site Address: \_\_\_\_\_

We certify that the hauler named above delivered the described waste to this disposal facility.

Permit No. \_\_\_\_\_ Volume measured at site (if applicable): \_\_\_\_\_

Treatment or Recovery Process (circle): Treatment Spreading Area SLF Area Other (specify): \_\_\_\_\_

If waste is to be held for disposal elsewhere, specify final location: \_\_\_\_\_

Disposal Date: \_\_\_\_\_

FLADING

I.W.D. LIQUID WASTE INC.

10133

CUSTOMER: <b>INLAND MFG</b>		TYPE OF SERVICE <input type="checkbox"/> BARRELS <input checked="" type="checkbox"/> TANK <input type="checkbox"/> OTHER		TYPE OF LIQUID <input type="checkbox"/> ACID <input type="checkbox"/> SOLVENT <input type="checkbox"/> OIL <input type="checkbox"/> CAUSTIC <input type="checkbox"/> CYANIDE <input checked="" type="checkbox"/> OTHER	
LOCATION: <b>VANDALIA, O</b>		DISPOSAL FACILITY <input type="checkbox"/> I.W.D. <input type="checkbox"/> SYSTECH <input checked="" type="checkbox"/> LANDFILL So. <input type="checkbox"/> OTHER		DISPOSAL COPY IN PLANT - 7:00 AM OUT - 7:35 AM REMARKS: <b>ASBESTOS &amp; H<sub>2</sub>O</b> <b>DOT HAZ CLASS:</b> <b>NOT LISTED</b>	
TRUCK NO.: <b>616</b>	DATE: <b>4-18-79</b>				
CONSIGNOR REPRESENTATIVE: <i>[Signature]</i>					
I.W.D. LIQUID WASTE: <i>[Signature]</i>					
DISPOSAL FACILITY REPRESENTATIVE: <i>[Signature]</i>		VOLUME BARRELS GALLONS <b>2000</b>			
TANKAGE TRANSFER:					
GALLONS:					
TANK NO.:					



INDUSTRIAL WASTE DISPOSAL  
MAIN OFFICE: 3975 WAGONER FORD RD.  
DAYTON, OHIO 45414  
(513) 278-0821

☒ I.W.D. LIQUID WASTE  
3106 SNYDER-DOMER RD.  
SPRINGFIELD, OHIO 45502  
(513) 969-8346

☐ I.W.D. CHEMICAL DISPOSAL  
133 TWIN BRIDGES RD.  
DANVILLE, INDIANA 46122  
(317) 745-2878

## HAZARDOUS WASTE MANIFEST

A 5481

GENERATOR OF WASTE (Must be filled in by producer)

Name (print or type): **INLAND MFG**  
 Pick up Address: **ENGLE RD VANDALIA, O**  
 (NO.) (STREET) (CITY)  
 Telephone Numbers: **(513) 227-8166** P. O. or Contract No. **BLANKET**  
 Order Placed By: **W. THOMAS** Date: **4-18-79**  
 Type of Industry (SIC No.): **MFG CO**  
 Designated Disposal/Recovery Facility: **IWD So LANDFILL DAYTON, OH**

DESCRIPTION OF WASTE (Must be filled by producer)

Type of Waste: **ASBESTOS & H<sub>2</sub>O**  
 (Indicate disposal facility code numbers)

Bulk Volume: **2000** gallons \_\_\_\_\_ tons \_\_\_\_\_ cubic yards \_\_\_\_\_ other (specify) \_\_\_\_\_

Containerized Waste: \_\_\_\_\_ drums \_\_\_\_\_ pallets \_\_\_\_\_ other \_\_\_\_\_

Physical State (circle): solid ☒ liquid ☐ sludge ☐ other (specify) \_\_\_\_\_

Hazardous Properties (circle): ☒ none ☐ toxic ☐ flammable ☐ water-reactive ☐ strong sensitizer ☐ corrosive or irritant  
☐ air-reactive ☐ other (specify) \_\_\_\_\_

pH (circle): less than 3 \_\_\_\_\_ greater than 10 \_\_\_\_\_

Major Components:

(Ex: Hydrochloric acid, lead, lime, crude oil)

1. **ASBESTOS DUST**  
 2. **WATER**  
 3. \_\_\_\_\_

Concentrations: (% or ppm)

Upper Lower

Special Handling Instructions (if any): \_\_\_\_\_

DOT Classifications: **NOT LISTED**

Name of HAULER (print or type): **IWD LIQUID WASTE**

Business address: **3106 SNYDER-DOMER RD SPRINGFIELD, OH**  
 (NO.) (STREET) (CITY)

Telephone Number: **(513) 969-8346** Pick-up: \_\_\_\_\_ Times: **4-18-79 7:00 am**

Waste Hauler's Permit No. (if applicable): \_\_\_\_\_

We certify that the described waste will be delivered to the disposal facility named above.

The HAULER shall retain Copy 2 after delivery.

SIGNATURE OF HAULER OR AUTHORIZED AGENT AND TITLE

We certify that the above described waste was delivered to the hauler named herein for disposal at the site named above.

SHIPPER'S CERTIFICATION: This is to certify that the above named materials are properly classified, described, packaged, marked and labelled and are in proper condition for transportation according to the applicable regulations of the Department of Transportation.

DATE: **4/18/79** SIGNATURE OF GENERATOR OR AUTHORIZED AGENT AND TITLE

The GENERATOR shall retain Copy 4 of this manifest after completing the GENERATOR and WASTE DESCRIPTION portions.

## II. DISPOSER OF WASTE (Must be filled in by disposer)

Name (print or type): \_\_\_\_\_

Site Address: \_\_\_\_\_

We certify that the hauler named above delivered the described waste to this disposal facility.

Permit No. \_\_\_\_\_ Volume measured at site (if applicable): \_\_\_\_\_

Treatment or Recovery Process (circle): Treatment \_\_\_\_\_ Spreading Area \_\_\_\_\_ SLF Area \_\_\_\_\_ Other (specify): \_\_\_\_\_

If waste is to be held for disposal elsewhere, specify final location: *[Signature]*

Disposal Date: \_\_\_\_\_

LOADING

I.W.D. LIQUID WASTE INC.

16680

CUSTOMER: <b>I-LAND</b>		TYPE OF SERVICE <input type="checkbox"/> BARRELS <input checked="" type="checkbox"/> TANK <input type="checkbox"/> OTHER		TYPE OF LIQUID <input type="checkbox"/> ACID <input type="checkbox"/> SOLVENT <input type="checkbox"/> OIL <input type="checkbox"/> CAUSTIC <input type="checkbox"/> CYANIDE <input checked="" type="checkbox"/> OTHER	
LOCATION: <b>VANDALIA OHIO</b>		DISPOSAL FACILITY <input type="checkbox"/> I.W.D. <input type="checkbox"/> SYSTECH <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER		REMARKS: <b>Asbestos/water</b> <b>4-17-79</b> <b>TIME IN 9:00</b> <b>LEFT TO DISPOSE</b> <b>TILL 9:00</b> <b>TIME OUT 10:00</b>	
TRUCK NO.: <b>601</b>	DATE: <b>4-17-79</b>				
CONSIGNOR REPRESENTATIVE: <b>[Signature]</b>					
I.W.D. LIQUID WASTE: <b>[Signature]</b>					
DISPOSAL FACILITY REPRESENTATIVE: <b>Louis Hall</b>		VOLUME BARRELS GALLONS <b>2000</b>			
TANKAGE TRANSFER:					
GALLONS:					
TANK NO.:					

DISPOSAL COPY



INDUSTRIAL WASTE DISPOSAL  
MAIN OFFICE: 3975 WAGONER FORD RD.  
DAYTON, OHIO 45414  
(513) 278-0821

☒ I.W.D. LIQUID WASTE  
3106 SNYDER-DOMER RD.  
SPRINGFIELD, OHIO 45502  
(513) 969-8346

☐ I.W.D. CHEMICAL DISPOSAL  
133 TWIN BRIDGES RD.  
DANVILLE, INDIANA 46122  
(317) 745-2878

HAZARDOUS WASTE MANIFEST

A 5566

GENERATOR OF WASTE (Must be filled in by producer)  
Name (print or type): **INLAND MANUFACTURING**  
Pick up Address: **ENGLE ROAD** **VANDALIA, OHIO 45377**  
(NO.) (STREET) (CITY)  
Telephone Numbers: **227 8303** P. O. or Contract No. **Blanket**  
Order Placed By: **Don Morrison** Date: **4-17-79**  
Type of Industry (SIC No.):  
Designated Disposal/Recovery Facility: **I W D SOUTH LANDFILL, Dayton, Ohio**  
DESCRIPTION OF WASTE (Must be filled by producer)  
Type of Waste: **asbestos/water**  
(Indicate disposal facility code numbers)  
Bulk Volume: **2000** gallons \_\_\_\_\_ tons \_\_\_\_\_ cubic yards \_\_\_\_\_ other (specify) \_\_\_\_\_  
Containerized Waste: \_\_\_\_\_ drums \_\_\_\_\_ pallets \_\_\_\_\_ other \_\_\_\_\_  
Physical State (circle): solid **liquid** sludge other (specify) \_\_\_\_\_  
Hazardous Properties (circle): **none** toxic flammable water-reactive strong sensitizer corrosive or irritant  
air-reactive other (specify) \_\_\_\_\_  
pH (circle): less than 3 greater than 10  
Major Components: \_\_\_\_\_ Concentrations: (% or ppm)  
(Ex: Hydrochloric acid, lead, lime, crude oil) Upper Lower  
1. **Asbestos**  
2. **WATER**

Special Handling Instructions (if any): **- 11' IN TANK WHEN STARTED - 14' TANK**

DOT Classifications: **non hazardous-----no placarding required**

Name of HAULER (print or type): **I W D LIQUID WASTE INC**

Business address: **3106 Snyder Domer Road, Springfield, Ohio 45502**

(NO.) (STREET) (CITY)

Telephone Number: **1 513 969 8346** Pick-up: \_\_\_\_\_ Times: \_\_\_\_\_ am pm

Waste Hauler's Permit No. (if applicable): \_\_\_\_\_

We certify that the described waste will be delivered to the disposal facility named above.

The HAULER shall retain Copy 2 after delivery.

**[Signature]**  
SIGNATURE OF HAULER OR AUTHORIZED AGENT AND TITLE

We certify that the above described waste was delivered to the hauler named herein for disposal at the site named above.

SHIPPER'S CERTIFICATION: This is to certify that the above named materials are properly classified, described, packaged, marked and labelled and are in proper condition for transportation according to the applicable regulations of the Department of Transportation.

ATE **4-17-79** **[Signature]**  
SIGNATURE OF GENERATOR OR AUTHORIZED AGENT AND TITLE

The GENERATOR shall retain Copy 4 of this manifest after completing the GENERATOR and WASTE DESCRIPTION portions.

II. DISPOSER OF WASTE (Must be filled in by disposer)

Name (print or type): \_\_\_\_\_

Site Address: \_\_\_\_\_

We certify that the hauler named above delivered the described waste to this disposal facility.

Permit No. \_\_\_\_\_ Volume measured at site (if applicable): \_\_\_\_\_

Treatment or Recovery Process (circle): Treatment **Spreading Area** SLF Area Other (specify): \_\_\_\_\_

If waste is to be held for disposal elsewhere, specify final location:

**Louis Hall**



OF LADING

I.W.D. LIQUID WASTE INC.

16730

CUSTOMER: <b>INLAND MFG</b>		TYPE OF SERVICE <input type="checkbox"/> BARRELS <input checked="" type="checkbox"/> TANK <input type="checkbox"/> OTHER		TYPE OF LIQUID <input type="checkbox"/> ACID <input type="checkbox"/> SOLVENT <input type="checkbox"/> OIL <input type="checkbox"/> CAUSTIC <input type="checkbox"/> CYANIDE <input checked="" type="checkbox"/> OTHER	
LOCATION: <b>VANDALIA, O</b>		DISPOSAL FACILITY <input type="checkbox"/> I.W.D. <input type="checkbox"/> SYSTECH <input checked="" type="checkbox"/> LANDFILL So <input type="checkbox"/> OTHER		REMARKS: <b>IN PLANT - 8:05 AM OUT - 9:05 AM ASBESTOS &amp; H<sub>2</sub>O DOT HAZ CLASS: [NOT LISTED]</b>	
TRUCK NO.: <b>616</b>	DATE: <b>4-16-79</b>				
CONSIGNOR REPRESENTATIVE: <b>[Signature]</b>					
I.W.D. LIQUID WASTE: <b>[Signature]</b>					
DISPOSAL FACILITY REPRESENTATIVE: <b>Louis Hall</b>		VOLUME BARRELS GALLONS <b>2000</b>			
TANKAGE TRANSFER:					
GALLONS:					
TANK NO.:					

DISPOSAL COPY



INDUSTRIAL WASTE DISPOSAL  
MAIN OFFICE: 3975 WAGONER FORD RD.  
DAYTON, OHIO 45414  
(513) 278-0821

☒ I.W.D. LIQUID WASTE  
3106 SNYDER-DOMER RD.  
SPRINGFIELD, OHIO 45502  
(513) 969-8346

☐ I.W.D. CHEMICAL DISPOSAL  
133 TWIN BRIDGES RD.  
DANVILLE, INDIANA 46122  
(317) 745-2878

HAZARDOUS WASTE MANIFEST

A 5486

GENERATOR OF WASTE (Must be filled in by producer)

Name (print or type): **INLAND MFG**  
Pick up Address: **ENGLE RD VANDALIA, O**  
(NO.) (STREET) (CITY)  
Telephone Numbers: **(513) 227-8166** P. O. or Contract No. **BLANKET**  
Order Placed By: **W. THOMAS** Date: **APRIL 16-1979**  
Type of Industry (SIC No.): **MFG Co.**  
Designated Disposal/Recovery Facility: **IWD SO. LANDFILL, DAYTON, OH**  
DESCRIPTION OF WASTE (Must be filled by producer)  
Type of Waste: **ASBESTOS & H<sub>2</sub>O**  
(Indicate disposal facility code numbers)

Bulk Volume: **2000** gallons \_\_\_\_\_ tons \_\_\_\_\_ cubic yards \_\_\_\_\_ other(specify) \_\_\_\_\_  
Containerized Waste: \_\_\_\_\_ drums \_\_\_\_\_ pallets \_\_\_\_\_ other \_\_\_\_\_  
Physical State (circle): solid ☒ liquid \_\_\_\_\_ sludge \_\_\_\_\_ other(specify) \_\_\_\_\_  
Hazardous Properties (circle): ☒ none \_\_\_\_\_ toxic \_\_\_\_\_ flammable \_\_\_\_\_ water-reactive \_\_\_\_\_ strong sensitizer \_\_\_\_\_ corrosive or irritant \_\_\_\_\_  
air-reactive \_\_\_\_\_ other(specify) \_\_\_\_\_  
pH (circle): less than 3 \_\_\_\_\_ greater than 10 \_\_\_\_\_  
Major Components: \_\_\_\_\_ Concentrations: (% or ppm)  
(Ex: Hydrochloric acid, lead, lime, crude oil) Upper Lower  
1. **ASBESTOS DUST**  
2. **WATER**

Special Handling Instructions (if any):

DOT Classifications: **NOT LISTED**  
Name of HAULER (print or type): **IWD LIQUID WASTE**  
Business address: **3106 SNYDER-DOMER RD SPRINGFIELD, O**  
(NO.) (STREET) (CITY)  
Telephone Number: **(513) 969-8346** Pick-up: \_\_\_\_\_ Times: **4-16-79 8:00 AM**

Waste Hauler's Permit No. (if applicable):  
We certify that the described waste will be delivered to the disposal facility named above.  
The HAULER shall retain Copy 2 after delivery.

We certify that the above described waste was delivered to the hauler named herein for disposal at the site named above.  
SHIPPER'S CERTIFICATION: This is to certify that the above named materials are properly classified, described, packaged, marked and labelled and are in proper condition for transportation according to the applicable regulations of the Department of Transportation.  
DATE: **4/16/79**  
SIGNATURE OF GENERATOR OR AUTHORIZED AGENT AND TITLE: **[Signature]**

The GENERATOR shall retain Copy 4 of this manifest after completing the GENERATOR and WASTE DESCRIPTION portions.

II. DISPOSER OF WASTE (Must be filled in by disposer)

Name (print or type):  
Site Address:  
We certify that the hauler named above delivered the described waste to this disposal facility.  
Permit No. \_\_\_\_\_ Volume measured at site (if applicable): \_\_\_\_\_  
Treatment or Recovery Process (circle): Treatment ☒ Spreading Area \_\_\_\_\_ SLF Area \_\_\_\_\_ Other (specify): \_\_\_\_\_  
If waste is to be held for disposal elsewhere, specify final location: **11.00**

FLADING

I.W.D. LIQUID WASTE INC.

16728

CUSTOMER: <b>INLAND MFG</b>		TYPE OF SERVICE		TYPE OF LIQUID	
LOCATION: <b>VANDALIA, O</b>		<input type="checkbox"/> BARRELS		<input type="checkbox"/> ACID	
TRUCK NO.: <b>616</b>		<input checked="" type="checkbox"/> TANK		<input type="checkbox"/> SOLVENT	
DATE: <b>4-12-79</b>		<input type="checkbox"/> OTHER		<input type="checkbox"/> OIL	
CONSIGNOR REPRESENTATIVE: <b>[Signature]</b>		DISPOSAL FACILITY		<input type="checkbox"/> CAUSTIC	
I.W.D. LIQUID WASTE: <b>W.D.C.</b>		<input type="checkbox"/> I.W.D.		<input type="checkbox"/> CYANIDE	
DISPOSAL FACILITY REPRESENTATIVE: <b>Luis Hall</b>		<input type="checkbox"/> SYSTECH		<input checked="" type="checkbox"/> OTHER	
TANKAGE TRANSFER:		<input checked="" type="checkbox"/> LANDFILL <b>SO</b>		REMARKS: <b>IN PLANT - 1.35A OUT - 2.10A</b>	
GALLONS:		VOLUME		<b>ASBESTOS &amp; H<sub>2</sub>O DOT HAZ CLASS: [NOT LISTED]</b>	
TANK NO.:		BARRELS			
		GALLONS <b>2000</b>			



**INDUSTRIAL WASTE DISPOSAL**  
MAIN OFFICE: 3975 WAGONER FORD RD.  
DAYTON, OHIO 45414  
(513) 278-0821

**I.W.D. LIQUID WASTE**  
3106 SNYDER-DOMER RD.  
SPRINGFIELD, OHIO 45502  
(513) 969-8346

**I.W.D. CHEMICAL DISPOSAL**  
133 TWIN BRIDGES RD.  
DANVILLE, INDIANA 46122  
(317) 745-2878

## HAZARDOUS WASTE MANIFEST

A 5542

GENERATOR OF WASTE (Must be filled in by producer)

Name (print or type): **INLAND MANUFACTURING**

Engle Road, Vandalia, Ohio 45377

Pick up Address: (NO.) (STREET) (CITY)

Telephone Numbers: **227 8380** P. O. or Contract No. **Blanket Order**Order Placed By: **Jerry Timmons**Date: **APRIL 12, 1979**Type of Industry (SIC No.): **MFG CO.**Designated Disposal/Recovery Facility: **I W D [XXXXXXXXX] South Landfill, Kettering, O.**

DESCRIPTION OF WASTE (Must be filled by producer)

Type of Waste: **asbestos and water**

(Indicate disposal facility code numbers)

Bulk Volume: **2000** gallons \_\_\_\_\_ tons \_\_\_\_\_ cubic yards \_\_\_\_\_ other(specify) \_\_\_\_\_

Containerized Waste: \_\_\_\_\_ drums \_\_\_\_\_ pallets \_\_\_\_\_ other \_\_\_\_\_

Physical State (circle): solid ☒ liquid \_\_\_\_\_ sludge other(specify) \_\_\_\_\_Hazardous Properties (circle): ☒ none toxic flammable water-reactive strong sensitizer corrosive or irritant  
air-reactive other(specify) \_\_\_\_\_

pH (circle): less than 3 greater than 10

Major Components:

(Ex: Hydrochloric acid, lead, lime, crude oil)

Concentrations: (% or ppm)

Upper Lower

1. **ASBESTOS DUST**2. **WATER**

3. \_\_\_\_\_

Special Handling Instructions (if any): **goggles, gloves, hard hat with face shield**DOT Classifications: **non hazardous-----no placarding required**Name of HAULER (print or type): **I W D LIQUID WASTE INC**

3106 Snyder Domer Road, Springfield, Ohio 45502

Business address: (NO.) (STREET) (CITY)

Telephone Number: **1 513 969 8346**

Pick-up:

Times:

**4-12-79****135**

pm

Waste Hauler's Permit No. (if applicable): \_\_\_\_\_

We certify that the described waste will be delivered to the disposal facility named above.

The HAULER shall retain Copy 2 after delivery.

SIGNATURE OF HAULER OR AUTHORIZED AGENT AND TITLE

We certify that the above described waste was delivered to the hauler named herein for disposal at the site named above.

SHIPPER'S CERTIFICATION: This is to certify that the above named materials are properly classified, described, packaged, marked and labeled and are in proper condition for transportation according to the applicable regulations of the Department of Transportation.

4-12-79

SIGNATURE OF GENERATOR OR AUTHORIZED AGENT AND TITLE

The GENERATOR shall retain Copy 4 of this manifest after completing the GENERATOR and WASTE DESCRIPTION portions.

## II. DISPOSER OF WASTE (Must be filled in by disposer)

Name (print or type): \_\_\_\_\_

Site Address: \_\_\_\_\_

We certify that the hauler named above delivered the described waste to this disposal facility.

Permit No. \_\_\_\_\_

Volume measured at site (if applicable): \_\_\_\_\_

Treatment or Recovery Process (circle): Treatment Spreading Area SLF Area Other (specify): \_\_\_\_\_

If waste is to be held for disposal elsewhere, specify final location:

Luis Hall

LOADING

I.W.D. LIQUID WASTE INC.

16673

CUSTOMER: <u>I.W.D.</u>		TYPE OF SERVICE		TYPE OF LIQUID	
LOCATION: <u>VANDALIA OHIO</u>		<input type="checkbox"/> BARRELS <input checked="" type="checkbox"/> TANK <input type="checkbox"/> OTHER		<input type="checkbox"/> ACID <input type="checkbox"/> SOLVENT <input checked="" type="checkbox"/> <u>Asbestos &amp; H<sub>2</sub>O</u>	
TRUCK NO.: <u>601</u>	DATE: <u>4-10-79</u>	DISPOSAL FACILITY		REMARKS: <u>NOT L.C. 100</u> <u>TIME 15:45</u> <u>" 150</u>	
CONSIGNEE REPRESENTATIVE:		<input type="checkbox"/> I.W.D. <input type="checkbox"/> SYSTECH <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER			
L.W.D. LIQUID WASTE:		VOLUME			
DISPOSAL FACILITY REPRESENTATIVE:		BARRELS			
TANKAGE TRANSFER:		GALLONS		DISPOSAL COPY	
GALLONS:		TANK NO.:			



INDUSTRIAL WASTE DISPOSAL  
MAIN OFFICE: 3975 WAGONER FORD RD.  
DAYTON, OHIO 45414  
(513) 278-0821

☒ I.W.D. LIQUID WASTE  
3106 SNYDER-DOMER RD.  
SPRINGFIELD, OHIO 45502  
(513) 969-8346

☐ I.W.D. CHEMICAL DISPOSAL  
133 TWIN BRIDGES RD.  
DANVILLE, INDIANA 46122  
(317) 745-2878

HAZARDOUS WASTE MANIFEST

A 5520

GENERATOR OF WASTE (Must be filled in by producer)

Name (print or type): I.W.D.

Pick up Address: ENGLE RD. VANDALIA  
(NO.) (STREET) (CITY)

Telephone Numbers: \_\_\_\_\_ P. O. or Contract No. \_\_\_\_\_

Order Placed By: DEPT 830 Date: 4-10-79

Type of Industry (SIC No.): MFG

Designated Disposal/Recovery Facility: IWD SouthLANDFILL

DESCRIPTION OF WASTE (Must be filled by producer)

Type of Waste: Asbestos & H<sub>2</sub>O  
(Indicate disposal facility code numbers)

Bulk Volume: 2000 gallons \_\_\_\_\_ tons \_\_\_\_\_ cubic yards \_\_\_\_\_ other (specify) \_\_\_\_\_

Containerized Waste: \_\_\_\_\_ drums \_\_\_\_\_ pallets TANK other

Physical State (circle): solid liquid sludge other (specify) \_\_\_\_\_

Hazardous Properties (circle): none toxic flammable water-reactive strong sensitizer corrosive or irritant  
air-reactive other (specify) \_\_\_\_\_

pH (circle): less than 3 greater than 10

Major Components: \_\_\_\_\_ Concentrations: (% or ppm)  
(Ex: Hydrochloric acid, lead, lime, crude oil) Upper Lower

1. \_\_\_\_\_  
2. \_\_\_\_\_  
3. \_\_\_\_\_

Special Handling Instructions (if any): \_\_\_\_\_

DOT Classifications: NO HAZARD

Name of HAULER (print or type): IWD Liquid Waste

Business address: 3106 Snyder-Domer Rd Trenton, City  
(NO.) (STREET) (CITY)

Telephone Number: 969-8346 Pick-up: \_\_\_\_\_ Times: \_\_\_\_\_ am pm

Waste Hauler's Permit No. (if applicable): \_\_\_\_\_

We certify that the described waste will be delivered to the disposal facility named above.

The HAULER shall retain Copy 2 after delivery. \_\_\_\_\_  
SIGNATURE OF HAULER OR AUTHORIZED AGENT AND TITLE

We certify that the above described waste was delivered to the hauler named herein for disposal at the site named above.

SHIPPER'S CERTIFICATION: This is to certify that the above named materials are properly classified, described, packaged, marked and labelled and are in proper condition for transportation according to the applicable regulations of the Department of Transportation.

DATE: 4-10-79 \_\_\_\_\_  
SIGNATURE OF GENERATOR OR AUTHORIZED AGENT AND TITLE

The GENERATOR shall retain Copy 4 of this manifest after completing the GENERATOR and WASTE DESCRIPTION portions.

II. DISPOSER OF WASTE (Must be filled in by disposer)

Name (print or type): \_\_\_\_\_

Site Address: \_\_\_\_\_

We certify that the hauler named above delivered the described waste to this disposal facility.

Permit No. \_\_\_\_\_ Volume measured at site (if applicable): \_\_\_\_\_

Treatment or Recovery Process (circle): Treatment Spreading Area SLF Area Other (specify): \_\_\_\_\_

If waste is to be held for disposal elsewhere, specify final location:

L.I.D. 11.11.11

IF LADING

I.W.D. LIQUID WASTE INC.

16672

CUSTOMER: <u>I.W.D.</u>		TYPE OF SERVICE		TYPE OF LIQUID	
LOCATION: <u>VANDALIA OHIO</u>		<input type="checkbox"/> BARRELS		<input type="checkbox"/> ACID	
TRUCK NO.: <u>6001</u> DATE: <u>4-10-79</u>		<input checked="" type="checkbox"/> TANK		<input type="checkbox"/> SOLVENT	
CONSIGNEE REPRESENTATIVE: <u>[Signature]</u>		<input type="checkbox"/> OTHER		<input type="checkbox"/> OIL	
I.W.D. LIQUID WASTE: <u>[Signature]</u>		DISPOSAL FACILITY		<input type="checkbox"/> CAUSTIC	
DISPOSAL FACILITY REPRESENTATIVE: <u>Lain Hall</u>		<input type="checkbox"/> I.W.D.		<input type="checkbox"/> CYANIDE	
TANKAGE TRANSFER:		<input type="checkbox"/> SYSTECH		<input checked="" type="checkbox"/> OTHER	
GALLONS: _____		<input checked="" type="checkbox"/> LANDFILL		REMARKS: <u>1100</u>	
TANK NO.: _____		<input type="checkbox"/> OTHER		TILL 1001	
		VOLUME		out 1100	
		BARRELS _____			
		GALLONS <u>2000</u>			

DISPOSAL COPY



INDUSTRIAL WASTE DISPOSAL  
MAIN OFFICE: 3975 WAGONER FORD RD.  
DAYTON, OHIO 45414  
(513) 278-0821

☒ I.W.D. LIQUID WASTE  
3106 SNYDER-DOMER RD.  
SPRINGFIELD, OHIO 45502  
(513) 969-8346

☐ I.W.D. CHEMICAL DISPOSAL  
133 TWIN BRIDGES RD.  
DANVILLE, INDIANA 46122  
(317) 745-2878

HAZARDOUS WASTE MANIFEST

A 5524

GENERATOR OF WASTE (Must be filled in by producer)

Name (print or type): I.W.D.  
Pick up Address: ENGLE RD. VANDALIA  
(NO.) (STREET) (CITY)

Telephone Numbers: \_\_\_\_\_ P. O. or Contract No. \_\_\_\_\_

Order Placed By: Dept 830 Date: 4-10-79

Type of Industry (SIC No.): MFG

Designated Disposal/Recovery Facility: IWD South LANDFILL

DESCRIPTION OF WASTE (Must be filled by producer)

Type of Waste: Asbestos water  
(Indicate disposal facility code numbers)

Bulk Volume: 2000 gallons \_\_\_\_\_ tons \_\_\_\_\_ cubic yards \_\_\_\_\_ other (specify) \_\_\_\_\_

Containerized Waste: \_\_\_\_\_ drums \_\_\_\_\_ pallets \_\_\_\_\_ other \_\_\_\_\_

Physical State (circle): solid liquid sludge other (specify) \_\_\_\_\_

Hazardous Properties (circle): none toxic flammable water-reactive strong sensitizer corrosive or irritant  
air-reactive other (specify) \_\_\_\_\_

pH (circle): less than 3 greater than 10

Major Components: \_\_\_\_\_ Concentrations: (% or ppm)  
(Ex: Hydrochloric acid, lead, lime, crude oil) Upper Lower

- Asbestos
- WATER
- \_\_\_\_\_

Special Handling Instructions (if any): NONE

DOT Classifications: Not CLASSIFIED

Name of HAULER (print or type): I.W.D. Liquid Waste Inc.

Business address: 3106 SNYDER-DOMER RD. SPRINGFIELD OHIO  
(NO.) (STREET) (CITY)

Telephone Number: 513-969-8346 Pick-up: \_\_\_\_\_ Times: \_\_\_\_\_ am pm

Waste Hauler's Permit No. (if applicable): \_\_\_\_\_

We certify that the described waste will be delivered to the disposal facility named above.

The HAULER shall retain Copy 2 after delivery.

[Signature]  
SIGNATURE OF HAULER OR AUTHORIZED AGENT AND TITLE

We certify that the above described waste was delivered to the hauler named herein for disposal at the site named above.

SHIPPER'S CERTIFICATION: This is to certify that the above named materials are properly classified, described, packaged, marked and labelled and are in proper condition for transportation according to the applicable regulations of the Department of Transportation

DATE: 4-10-79 SIGNATURE OF GENERATOR OR AUTHORIZED AGENT AND TITLE

The GENERATOR shall retain Copy 4 of this manifest after completing the GENERATOR and WASTE DESCRIPTION portions.

II. DISPOSER OF WASTE (Must be filled in by disposer)

Name (print or type): \_\_\_\_\_

Site Address: \_\_\_\_\_

We certify that the hauler named above delivered the described waste to this disposal facility.

Permit No. \_\_\_\_\_ Volume measured at site (if applicable): \_\_\_\_\_

Treatment or Recovery Process (circle): Treatment Spreading Area SLF Area Other (specify): \_\_\_\_\_

If waste is to be held for disposal elsewhere, specify final location:

Disposal Date

Lain Hall

LOADING

I.W.D. LIQUID WASTE INC.

16724

CUSTOMER: <b>INLAND MFG</b>		TYPE OF SERVICE <input type="checkbox"/> BARRELS <input checked="" type="checkbox"/> TANK <input type="checkbox"/> OTHER		TYPE OF LIQUID <input type="checkbox"/> ACID <input type="checkbox"/> SOLVENT <input type="checkbox"/> OIL <input type="checkbox"/> CAUSTIC <input type="checkbox"/> CYANIDE <input checked="" type="checkbox"/> OTHER	
LOCATION: <b>VANDALIA, OH</b>		DISPOSAL FACILITY <input type="checkbox"/> I.W.D. <input type="checkbox"/> SYSTECH <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER		REMARKS: <b>ASBESTOS &amp; H<sub>2</sub>O</b> <b>DOT HAZ CLASS:</b> <b>[NOT LISTED]</b>	
TRUCK NO.: <b>616</b>	DATE: <b>4-6-79</b>				
CONSIGNOR REPRESENTATIVE: <b>Stanley A. Churni</b>					
DISPOSAL FACILITY REPRESENTATIVE: <b>Louis Hall</b>					
TANKAGE TRANSFER:		VOLUME BARRELS GALLONS: <b>2000</b>			
GALLONS:					
TANK NO.:					

DISPOSAL COPY



INDUSTRIAL WASTE DISPOSAL  
MAIN OFFICE: 3975 WAGONER FORD RD.  
DAYTON, OHIO 45414  
(513) 278-0821

☒ I.W.D. LIQUID WASTE  
3106 SNYDER-DOMER RD.  
SPRINGFIELD, OHIO 45502  
(513) 969-8346

☐ I.W.D. CHEMICAL DISPOSAL  
133 TWIN BRIDGES RD.  
DANVILLE, INDIANA 46122  
(317) 745-2878

HAZARDOUS WASTE MANIFEST

A 5479

GENERATOR OF WASTE (Must be filled in by producer)

Name (print or type): **INLAND MFG**  
Pick up Address: **ENGINE RD VANDALIA, OH**  
(NO.) (STREET) (CITY)  
Telephone Numbers: **(513) 227-8166** P. O. or Contract No. **BLANKET**  
Order Placed By: **W. THOMAS** Date: **APRIL 6, 1979**  
Type of Industry (SIC No.): **MFG CO.**  
Designated Disposal/Recovery Facility: **IWD SO. LANDFILL DAYTON, OH**

DESCRIPTION OF WASTE (Must be filled in by producer)

Type of Waste: **ASBESTOS & H<sub>2</sub>O**  
(Indicate disposal facility code numbers)

Bulk Volume: **2000** gallons \_\_\_\_\_ tons \_\_\_\_\_ cubic yards \_\_\_\_\_ other (specify) \_\_\_\_\_

Containerized Waste: \_\_\_\_\_ drums \_\_\_\_\_ pallets \_\_\_\_\_ other \_\_\_\_\_

Physical State (circle): solid ☒ liquid ☐ sludge ☐ other (specify) \_\_\_\_\_

Hazardous Properties (circle): ☒ none ☐ toxic ☐ flammable ☐ water-reactive ☐ strong sensitizer ☐ corrosive or irritant  
air-reactive other (specify) \_\_\_\_\_

pH (circle): less than 3 greater than 10

Major Components: \_\_\_\_\_ Concentrations: (% or ppm)  
(Ex: Hydrochloric acid, lead, lime, crude oil) Upper Lower

1. **ASBESTOS DUST**  
2. **WATER**  
3. \_\_\_\_\_

Special Handling Instructions (if any): \_\_\_\_\_

DOT Classifications: **NOT LISTED**

Name of HAULER (print or type): **IWD LIQUID WASTE**

Business address: **3106 SNYDER-DOMER RD SPRINGFIELD, OH**  
(NO.) (STREET) (CITY)

Telephone Number: **(513) 969-8346** Pick-up: \_\_\_\_\_ Times: **4-6-79 3:00** pm

Waste Hauler's Permit No. (if applicable): \_\_\_\_\_

We certify that the described waste will be delivered to the disposal facility named above.

The HAULER shall retain Copy 2 after delivery. SIGNATURE OF HAULER OR AUTHORIZED AGENT AND TITLE

We certify that the above described waste was delivered to the hauler named herein for disposal at the site named above.

SHIPPER'S CERTIFICATION: This is to certify that the above named materials are properly classified, described, packaged, marked and labelled and are in proper condition for transportation according to the applicable regulations of the Department of Transportation. **4-6-79**

ATEX: \_\_\_\_\_ SIGNATURE OF GENERATOR OR AUTHORIZED AGENT AND TITLE

The GENERATOR shall retain Copy 4 of this manifest after completing the GENERATOR and WASTE DESCRIPTION portions.

II. DISPOSER OF WASTE (Must be filled in by disposer)

Name (print or type): \_\_\_\_\_

Site Address: \_\_\_\_\_

We certify that the hauler named above delivered the described waste to this disposal facility.

Permit No. \_\_\_\_\_ Volume measured at site (if applicable): \_\_\_\_\_

Treatment or Recovery Process (circle): Treatment ☒ Spreading Area ☐ SLF Area ☐ Other (specify): \_\_\_\_\_

If waste is to be held for disposal elsewhere, specify final location:

**Louis Hall**

OF LADING

I.W.D. LIQUID WASTE INC.

16667

CUSTOMER: <b>INLAND</b>		TYPE OF SERVICE <input checked="" type="checkbox"/> BARRELS <input checked="" type="checkbox"/> TANK <input type="checkbox"/> OTHER		TYPE OF LIQUID <input type="checkbox"/> ACID <input type="checkbox"/> SOLVENT <input type="checkbox"/> OIL <input type="checkbox"/> CAUSTIC <input checked="" type="checkbox"/> CYANIDE <input checked="" type="checkbox"/> OTHER	
LOCATION: <b>VANDALIA OHIO</b>		DISPOSAL FACILITY <input type="checkbox"/> I.W.D. <input type="checkbox"/> SYSTECH <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER		REMARKS: <b>6-1-1 1st</b> <b>2nd 4-5-79</b> <b>TIME 1:15 PM</b> <b>TIME 1:15 PM</b>	
TRUCK NO.: <b>1001</b>	DATE: <b>4-5-79</b>	VOLUME BARRELS GALLONS <b>2000</b>			
CONSIGNOR REPRESENTATIVE: <b>[Signature]</b>		TANKAGE TRANSFER:			
I.W.D. LIQUID WASTE: <b>[Signature]</b>		GALLONS:			
DISPOSAL FACILITY REPRESENTATIVE: <b>[Signature]</b>		TANK NO.:			

DISPOSAL COPY



INDUSTRIAL WASTE DISPOSAL  
MAIN OFFICE: 3975 WAGONER FORD RD.  
DAYTON, OHIO 45414  
(513) 278-0821

☒ I.W.D. LIQUID WASTE  
3106 SNYDER-DOMER RD.  
SPRINGFIELD, OHIO 45502  
(513) 969-8346

☐ I.W.D. CHEMICAL DISPOSAL  
133 TWIN BRIDGES RD.  
DANVILLE, INDIANA 46122  
(317) 745-2878

## HAZARDOUS WASTE MANIFEST

A 5490

GENERATOR OF WASTE (Must be filled in by producer)

Name (print or type): **INLAND MANUFACTURING**Pick up Address: **Engle Road** **Vandalia, Oh**  
(NO.) (STREET) (CITY)Telephone Numbers: **227 8303** P. O. or Contract No. **Blanket**Order Placed By: **standing order** Date:

Type of Industry (SIC No.):

Designated Disposal/Recovery Facility: **I W D SOUTH LANDFILL, SE DAYTON, OH**

DESCRIPTION OF WASTE (Must be filled in by producer)

Type of Waste: **asbestos/water**

(Indicate disposal facility code numbers)

Bulk Volume: **2000** gallons \_\_\_\_\_ tons \_\_\_\_\_ cubic yards \_\_\_\_\_ other (specify) \_\_\_\_\_

Containerized Waste: \_\_\_\_\_ drums \_\_\_\_\_ pallets \_\_\_\_\_ other \_\_\_\_\_

Physical State (circle): solid **liquid** sludge other (specify) \_\_\_\_\_Hazardous Properties (circle): **none** toxic flammable water-reactive strong sensitizer corrosive or irritant  
air-reactive other (specify) \_\_\_\_\_

pH (circle): less than 3 greater than 10

Major Components:

(Ex: Hydrochloric acid, lead, lime, crude oil)

Concentrations: (% or ppm)  
Upper Lower1. **Asbestos**2. **WATER**

3. \_\_\_\_\_

Special Handling Instructions (if any): **Goggles, hard hat, gloves**DOT Classifications: **non hazardous----no placarding required....**Name of HAULER (print or type): **I W D LIQUID WASTE INC**Business address: **3106 Snyder Domer Road, Springfield, Oh 45502**  
(NO.) (STREET) (CITY)Telephone Number: **1 513 959 8346** Pick-up: \_\_\_\_\_ Times: \_\_\_\_\_ am

Waste Hauler's Permit No. (if applicable): \_\_\_\_\_

We certify that the described waste will be delivered to the disposal facility named above.

The HAULER shall retain Copy 2 after delivery.

**[Signature]**  
SIGNATURE OF HAULER OR AUTHORIZED AGENT AND TITLE

We certify that the above described waste was delivered to the hauler named herein for disposal at the site named above.

SHIPPER'S CERTIFICATION: This is to certify that the above named materials are properly classified, described, packaged, marked and labelled and are in proper condition for transportation according to the applicable regulations of the Department of Transportation.

DATE: **4-5-79****[Signature]**  
SIGNATURE OF GENERATOR OR AUTHORIZED AGENT AND TITLE

The GENERATOR shall retain Copy 4 of this manifest after completing the GENERATOR and WASTE DESCRIPTION portions.

II. DISPOSER OF WASTE (Must be filled in by disposer)

Name (print or type): \_\_\_\_\_

Site Address: \_\_\_\_\_

We certify that the hauler named above delivered the described waste to this disposal facility.

Permit No. \_\_\_\_\_ Volume measured at site (if applicable): \_\_\_\_\_

Treatment or Recovery Process (circle): Treatment **Spreading Area** SLF Area Other (specify): \_\_\_\_\_

If waste is to be held for disposal elsewhere, specify final location:

Disposal Date: **[Signature]**

BILL OF LADING

I.W.D. LIQUID WASTE INC.

16665

CUSTOMER: <u>INLAND</u>		TYPE OF SERVICE		TYPE OF LIQUID	
LOCATION: <u>VANDALIA Ohio</u>		<input type="checkbox"/> BARRELS <input checked="" type="checkbox"/> TANK <input type="checkbox"/> OTHER		<input type="checkbox"/> ACID <input type="checkbox"/> SOLVENT <input type="checkbox"/> OIL <input type="checkbox"/> CAUSTIC <input type="checkbox"/> CYANIDE <input checked="" type="checkbox"/> OTHER	
TRUCK NO.: <u>6001</u>	DATE: <u>4-4-77</u>	DISPOSAL FACILITY		REMARKS: <u>Asbestos</u> <u>Water</u> <u>Time - 3:35</u>	
CONSIGNOR REPRESENTATIVE:		<input type="checkbox"/> I.W.D. <input type="checkbox"/> SYSTECH <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER			
I.W.D. LIQUID WASTE:		VOLUME			
DISPOSAL FACILITY REPRESENTATIVE: <u>Lois Hall</u>		BARRELS _____ GALLONS <u>2000</u>			
TANKAGE TRANSFER:					
GALLONS: _____					
TANK NO.: _____					

DISPOSAL COPY



INDUSTRIAL WASTE DISPOSAL  
MAIN OFFICE: 3975 WAGONER FORD RD.  
DAYTON, OHIO 45414  
(513) 278-0821

☒ I.W.D. LIQUID WASTE  
3106 SNYDER-DOMER RD.  
SPRINGFIELD, OHIO 45502  
(513) 969-8346

☐ I.W.D. CHEMICAL DISPOSAL  
133 TWIN BRIDGES RD.  
DANVILLE, INDIANA 46122  
(317) 745-2878

## HAZARDOUS WASTE MANIFEST

A 5396

## I. GENERATOR OF WASTE (Must be filled in by producer)

Name (print or type): INLAND MANUFACTURINGPick up Address: Engle Road, Vandalia, Ohio 45377

(NO.) (STREET) (CITY)

Telephone Numbers: 1 445 8303P. O. or Contract No. BlanketOrder Placed By: Jerry TimmsDate: 4-4-77Type of Industry (SIC No.): 1166Designated Disposal/Recovery Facility: IND SOULD LANDFILL, DAYTON, OHIO

## DESCRIPTION OF WASTE (Must be filled by producer)

Type of Waste: asbestos & water

(Indicate disposal facility code numbers)

Bulk Volume: 2000 gallons \_\_\_\_\_ tons \_\_\_\_\_ cubic yards \_\_\_\_\_ other(specify) \_\_\_\_\_

Containerized Waste: \_\_\_\_\_ drums \_\_\_\_\_ pallets \_\_\_\_\_ other \_\_\_\_\_

Physical State (circle): solid liquid sludge other(specify) \_\_\_\_\_Hazardous Properties (circle): none toxic flammable water-reactive strong sensitizer corrosive or irritant

air-reactive other(specify) \_\_\_\_\_

pH (circle): less than 3 greater than 10

## Major Components:

(Ex: Hydrochloric acid, lead, lime, crude oil)

Concentrations: (% or ppm)

Upper Lower

1. ASBESTOS2. WATER

3. \_\_\_\_\_

4. \_\_\_\_\_

Special Handling Instructions (if any): NONEHazard Classifications: non hazardous-----no placarding requiredName of HAULER (print or type): I W D LIQUID WASTE INCBusiness address: 3106 Snyder Domer Road, Springfield, Ohio 45502

(NO.) (STREET) (CITY)

Telephone Number: 1 969 8346

Pick-up: \_\_\_\_\_ Times: \_\_\_\_\_

am  
pm

Waste Hauler's Permit No. (if applicable): \_\_\_\_\_

We certify that the described waste will be delivered to the disposal facility named above.

The HAULER shall retain Copy 2 after delivery.

SIGNATURE OF HAULER OR AUTHORIZED AGENT AND TITLE

We certify that the above described waste was delivered to the hauler named herein for disposal at the site named above.

SHIPPER'S CERTIFICATION: This is to certify that the above named materials are properly classified, described, packaged, marked and labelled and are in proper condition for transportation according to the applicable regulations of the Department of Transportation

DATE

SIGNATURE OF GENERATOR OR AUTHORIZED AGENT AND TITLE

The GENERATOR shall retain Copy 4 of this manifest after completing the GENERATOR and WASTE DESCRIPTION portions.

## DISPOSER OF WASTE (Must be filled in by disposer)

Name (print or type): \_\_\_\_\_

Site Address: \_\_\_\_\_

We certify that the hauler named above delivered the described waste to this disposal facility.

Permit No. \_\_\_\_\_

Volume measured at site (if applicable): \_\_\_\_\_

Treatment or Recovery Process (circle): Treatment Spreading Area SLF Area Other (specify): \_\_\_\_\_

If waste is to be held for disposal elsewhere, specify final location:

Disposal Date: \_\_\_\_\_

SIGNATURE OF GENERATOR OR AUTHORIZED AGENT AND TITLE

BILL OF LADING

I.W.D. LIQUID WASTE INC.

16719

CUSTOMER: <b>INLAND MFG</b>		TYPE OF SERVICE		TYPE OF LIQUID	
LOCATION: <b>VANDALIA, OH</b>		<input type="checkbox"/> BARRELS		<input type="checkbox"/> ACID	
TRUCK NO.: <b>616</b> DATE: <b>4-3-79</b>		<input checked="" type="checkbox"/> TANK		<input type="checkbox"/> SOLVENT	
CONSIGNOR REPRESENTATIVE: <i>[Signature]</i>		<input type="checkbox"/> OTHER		<input type="checkbox"/> OIL	
I.W.D. LIQUID WASTE:		DISPOSAL FACILITY		<input type="checkbox"/> CAUSTIC	
DISPOSAL FACILITY REPRESENTATIVE: <i>Louis Hall</i>		<input type="checkbox"/> I.W.D.		<input type="checkbox"/> CYANIDE	
TANKAGE TRANSFER:		<input type="checkbox"/> SYSTECH		<input checked="" type="checkbox"/> OTHER	
GALLONS:		<input checked="" type="checkbox"/> LANDFILL <b>So</b>		REMARKS: <b>IN PLANT - 11:55 AM</b> <b>OUT - 12:35 PM</b> <b>ASBESTOS &amp; H<sub>2</sub>O</b> <b>DOT HHZ CLASS:</b> <b>NOT LISTED</b>	
TANK NO.:		<input type="checkbox"/> OTHER			
		VOLUME			
		BARRELS			
		GALLONS <b>1500</b>			

DISPOSAL COPY



INDUSTRIAL WASTE DISPOSAL  
MAIN OFFICE: 3975 WAGONER FORD RD.  
DAYTON, OHIO 45414  
(513) 278-0821

☒ I.W.D. LIQUID WASTE  
3106 SNYDER-DOMER RD.  
SPRINGFIELD, OHIO 45502  
(513) 969-8346

☐ I.W.D. CHEMICAL DISPOSAL  
133 TWIN BRIDGES RD.  
DANVILLE, INDIANA 46122  
(317) 745-2878

## HAZARDOUS WASTE MANIFEST

A 5450

## I. GENERATOR OF WASTE (Must be filled in by producer)

Name (print or type): Inland Manufacturing  
Pick up Address: Engle Road Vandalia Ohio 45377  
(NO.) (STREET) (CITY)  
Telephone Numbers: 445 8303 P. O. or Contract No. Blanket  
Order Placed By: Jerry Timms Date: APRIL 3, 1979  
Type of Industry (SIC No.): MFG Co.  
Designated Disposal/Recovery Facility: I W D SOUTH LANDFILL  
DESCRIPTION OF WASTE (Must be filled by producer)  
Type of Waste: Asbestos/waster  
(Indicate disposal facility code numbers)

Bulk Volume: 1500 gallons 2000 tons \_\_\_\_\_ cubic yards \_\_\_\_\_ other (specify) \_\_\_\_\_  
Containerized Waste: \_\_\_\_\_ drums \_\_\_\_\_ pallets \_\_\_\_\_ other \_\_\_\_\_  
Physical State (circle): solid ☒ liquid \_\_\_\_\_ sludge other (specify) \_\_\_\_\_  
Hazardous Properties (circle): ☒ none \_\_\_\_\_ toxic \_\_\_\_\_ flammable \_\_\_\_\_ water-reactive \_\_\_\_\_ strong sensitizer \_\_\_\_\_ corrosive or irritant \_\_\_\_\_  
air-reactive \_\_\_\_\_ other (specify) \_\_\_\_\_

pH (circle): less than 3 greater than 10

Major Components:  
(Ex: Hydrochloric acid, lead, lime, crude oil)Concentrations: (% or ppm)  
Upper Lower

1. asbestos
2. water
3. \_\_\_\_\_
4. \_\_\_\_\_

Special Handling Instructions (if any): \_\_\_\_\_

DOT Classifications: non hazardous-----no placarding requiredName of HAULER (print or type): I W D LIQUID WASTE INCBusiness address: 3106 Snyder Domer Road, Springfield, Ohio 45502  
(NO.) (STREET) (CITY)Telephone Number: 1 513 969 8346 Pick-up: \_\_\_\_\_ Times: 4-3-79: 11:55 am

Waste Hauler's Permit No. (if applicable): \_\_\_\_\_

We certify that the described waste will be delivered to the disposal facility named above.

The HAULER shall retain Copy 2 after delivery.

SIGNATURE OF HAULER OR AUTHORIZED AGENT AND TITLE

We certify that the above described waste was delivered to the hauler named herein for disposal at the site named above.

SHIPPER'S CERTIFICATION: This is to certify that the above named materials are properly classified, described, packaged, marked and labelled and are in proper condition for transportation according to the applicable regulations of the Department of Transportation.

DATE: 4-3-79 SIGNATURE OF GENERATOR OR AUTHORIZED AGENT AND TITLE

The GENERATOR shall retain Copy 4 of this manifest after completing the GENERATOR and WASTE DESCRIPTION portions.

## DISPOSER OF WASTE (Must be filled in by disposer)

Name (print or type): \_\_\_\_\_

Site Address: \_\_\_\_\_

We certify that the hauler named above delivered the described waste to this disposal facility.

Permit No. \_\_\_\_\_ Volume measured at site (if applicable): \_\_\_\_\_

Treatment or Recovery Process (circle): Treatment Spreading Area SLF Area Other (specify): \_\_\_\_\_If waste is to be held for disposal elsewhere, specify final location: Louis Hall

Disposal Date



BILL OF LADING

I.W.D. LIQUID WASTE INC.

16717

CUSTOMER: <b>INLAND MFG</b> <b>VAUDALIA, O</b>		TYPE OF SERVICE <input type="checkbox"/> BARRELS <input checked="" type="checkbox"/> TANK <input type="checkbox"/> OTHER	TYPE OF LIQUID <input type="checkbox"/> ACID <input type="checkbox"/> SOLVENT <input type="checkbox"/> OIL <input type="checkbox"/> CAUSTIC <input type="checkbox"/> CYANIDE <input checked="" type="checkbox"/> OTHER
TRUCK NO.: <b>616</b>	DATE: <b>4-2-79</b>	DISPOSAL FACILITY <input type="checkbox"/> I.W.D. <input type="checkbox"/> SYSTECH <input checked="" type="checkbox"/> LANDFILL <b>So.</b> <input type="checkbox"/> OTHER	REMARKS: <b>IN PLANT - 12:30 PM</b> <b>OUT - 1:10 PM</b> <b>ASBESTOS &amp; H<sub>2</sub>O</b> <b>DOT HAZ CLASS:</b> <b>NOT LISTED</b>
CONSIGNOR REPRESENTATIVE: <b>[Signature]</b>		VOLUME BARRELS GALLONS <b>1800</b>	
I.W.D. LIQUID WASTE <b>[Signature]</b>			
DISPOSAL FACILITY REPRESENTATIVE: <b>Louis Hall</b>			
TANKAGE TRANSFER: GALLONS: TANK NO.:			



INDUSTRIAL WASTE DISPOSAL  
MAIN OFFICE: 3975 WAGONER FORD RD.  
DAYTON, OHIO 45414  
(513) 278-0821

☒ I.W.D. LIQUID WASTE  
3106 SNYDER-DOMER RD.  
SPRINGFIELD, OHIO 45502  
(513) 969-8346

☐ I.W.D. CHEMICAL DISPOSAL  
133 TWIN BRIDGES RD.  
DANVILLE, INDIANA 46122  
(317) 745-2878

HAZARDOUS WASTE MANIFEST

A 5439

I. GENERATOR OF WASTE (Must be filled in by producer)

Name (print or type): **INLAND MFG**  
Pick up Address: **ENGLE RD VAUDALIA, O**  
(NO.) (STREET) (CITY)  
Telephone Numbers: **513 227-8166** P. O. or Contract No. **BLANKET**  
Order Placed By: **W. THOMAS** Date: **4-2-79**  
Type of Industry (SIC No.): **MFG CO.**  
Designated Disposal/Recovery Facility: **IWD So. LANDFILL DAYTON, O**  
DESCRIPTION OF WASTE (Must be filled by producer)  
Type of Waste: **ASBESTOS & H<sub>2</sub>O**  
(Indicate disposal facility code numbers)

Bulk Volume: **1800** gallons \_\_\_\_\_ tons \_\_\_\_\_ cubic yards \_\_\_\_\_ other(specify) \_\_\_\_\_  
Containerized Waste: \_\_\_\_\_ drums \_\_\_\_\_ pallets \_\_\_\_\_ other \_\_\_\_\_  
Physical State (circle): solid ☒ liquid ☐ sludge other(specify) \_\_\_\_\_  
Hazardous Properties (circle): ☒ none ☐ toxic ☐ flammable ☐ water-reactive ☐ strong sensitizer ☐ corrosive or irritant  
air-reactive other(specify) \_\_\_\_\_  
pH (circle): less than 3 greater than 10

Major Components: \_\_\_\_\_ Concentrations: (% or ppm)  
(Ex: Hydrochloric acid, lead, lime, crude oil) Upper Lower  
1. **ASBESTOS DUST**  
2. **WATER**  
3. \_\_\_\_\_  
4. \_\_\_\_\_

Special Handling Instructions (if any): \_\_\_\_\_

T Classifications: **NOT LISTED**

Name of HAULER (print or type): **IWD LIQUID WASTE**  
Business address: **3106 SNYDER-DOMER RD SPRINGFIELD, O**  
(NO.) (STREET) (CITY)

Telephone Number: **513 969-8346** Pick-up: \_\_\_\_\_ Times: **4-2-79 12:30** pm

Waste Hauler's Permit No. (if applicable): \_\_\_\_\_

We certify that the described waste will be delivered to the disposal facility named above.

The HAULER shall retain Copy 2 after delivery.

We certify that the above described waste was delivered to the hauler named herein for disposal at the site named above.

SHIPPER'S CERTIFICATION: This is to certify that the above named materials are properly classified, described, packaged, marked and labelled and are in proper condition for transportation according to the applicable regulations of the Department of Transportation.

DATE: **4-2-79** SIGNATURE OF GENERATOR OR AUTHORIZED AGENT AND TITLE: **[Signature]**

The GENERATOR shall retain Copy 4 of this manifest after completing the GENERATOR and WASTE DESCRIPTION portions.

II. DISPOSER OF WASTE (Must be filled in by disposer)

Name (print or type): \_\_\_\_\_

Site Address: \_\_\_\_\_

We certify that the hauler named above delivered the described waste to this disposal facility.

Permit No. \_\_\_\_\_ Volume measured at site (if applicable): \_\_\_\_\_

Treatment or Recovery Process (circle): Treatment ☒ Spreading Area ☐ SLF Area ☐ Other (specify): \_\_\_\_\_

If waste is to be held for disposal elsewhere, specify final location: **Louis Hall**

BILL OF LADING

I.W.D. LIQUID WASTE INC.

16773

CUSTOMER: <b>INLAND MFG</b> <b>VANDALIA, O</b>		TYPE OF SERVICE <input type="checkbox"/> BARRELS <input checked="" type="checkbox"/> TANK <input type="checkbox"/> OTHER	TYPE OF LIQUID <input type="checkbox"/> ACID <input type="checkbox"/> SOLVENT <input type="checkbox"/> OIL <input type="checkbox"/> CAUSTIC <input type="checkbox"/> CYANIDE <input checked="" type="checkbox"/> OTHER
TRUCK NO.: <b>616</b>	DATE: <b>3-30-79</b>	DISPOSAL FACILITY <input type="checkbox"/> I.W.D. <input type="checkbox"/> SYSTECH <input checked="" type="checkbox"/> LANDFILL <b>SO</b> <input type="checkbox"/> OTHER	REMARKS: <b>IN PLANT - 11:20 AM</b> <b>OUT " - 11:55 AM</b> <b>ASBESTOS &amp; H<sub>2</sub>O</b> <b>DOT HAZ CLAS:</b> <b>[NOT LISTED]</b>
CONSIGNOR REPRESENTATIVE: <b>[Signature]</b>			
I.W.D. LIQUID WASTE: <b>[Signature]</b>			
DISPOSAL FACILITY REPRESENTATIVE: <b>Lois Hall</b>			
TANKAGE TRANSFER:  GALLONS: _____ TANK NO.: _____		VOLUME BARRELS _____ GALLONS <b>2000</b>	

DISPOSAL COPY



INDUSTRIAL WASTE DISPOSAL  
MAIN OFFICE: 3975 WAGONER FORD RD.  
DAYTON, OHIO 45414  
(513) 278-0821

☒ I.W.D. LIQUID WASTE  
3106 SNYDER-DOMER RD.  
SPRINGFIELD, OHIO 45502  
(513) 969-8346

☐ I.W.D. CHEMICAL DISPOSAL  
133 TWIN BRIDGES RD.  
DANVILLE, INDIANA 46122  
(317) 745-2878

HAZARDOUS WASTE MANIFEST

A 5437

I. GENERATOR OF WASTE (Must be filled in by producer)

Name (print or type): **INLAND MANUFACTURING**  
Pick up Address: **Engle Road** **Vandalia, Ohio**  
(NO.) (STREET) (CITY)  
Telephone Numbers: **445 8303** P. O. or Contract No. **Blanket Order**  
Order Placed By: **Jerry Timms** Date: **MAR 30 1979**  
Type of Industry (SIC No.): **MFG Co**  
Designated Disposal/Recovery Facility: **I D W SOUTH LANDFILL**

DESCRIPTION OF WASTE (Must be filled by producer)

Type of Waste: **ASBESTOS & water**  
(Indicate disposal facility code numbers)  
Bulk Volume: **2000** gallons \_\_\_\_\_ tons \_\_\_\_\_ cubic yards \_\_\_\_\_ other (specify) \_\_\_\_\_  
Containerized Waste: \_\_\_\_\_ drums \_\_\_\_\_ pallets \_\_\_\_\_ other \_\_\_\_\_  
Physical State (circle): solid ☒ liquid \_\_\_\_\_ sludge \_\_\_\_\_ other (specify) \_\_\_\_\_  
Hazardous Properties (circle): ☒ none \_\_\_\_\_ toxic \_\_\_\_\_ flammable \_\_\_\_\_ water-reactive \_\_\_\_\_ strong sensitizer \_\_\_\_\_ corrosive or irritant \_\_\_\_\_  
air-reactive \_\_\_\_\_ other (specify) \_\_\_\_\_  
pH (circle): less than 3 \_\_\_\_\_ greater than 10 \_\_\_\_\_

Major Components: \_\_\_\_\_ Concentrations: (% or ppm)  
(Ex: Hydrochloric acid, lead, lime, crude oil) Upper Lower  
1. **ASBESTOS DUST**  
2. **WATER**  
3. \_\_\_\_\_  
4. \_\_\_\_\_

Special Handling Instructions (if any): \_\_\_\_\_

Waste Classifications: **non hazardous** \_\_\_\_\_ **no placarding required** \_\_\_\_\_  
Name of HAULER (print or type): **I W D LIQUID WASTE INC**

Business address: **3106 Snyder Domer Road, Springfield, Ohio 45502**  
(NO.) (STREET) (CITY)

Telephone Number: **1 969 8346** Pick-up: \_\_\_\_\_ Times: **3/30/79 11:20 am**

Waste Hauler's Permit No. (if applicable): \_\_\_\_\_

We certify that the described waste will be delivered to the disposal facility named above.

The HAULER shall retain Copy 2 after delivery. **[Signature]**  
SIGNATURE OF HAULER OR AUTHORIZED AGENT AND TITLE

We certify that the above described waste was delivered to the hauler named herein for disposal at the site named above.

SHIPPER'S CERTIFICATION: This is to certify that the above named materials are properly classified, described, packaged, marked and labelled and are in proper condition for transportation according to the applicable regulations of the Department of Transportation. **3-30-79**  
DATE SIGNATURE OF GENERATOR OR AUTHORIZED AGENT AND TITLE

We certify that the hauler named above delivered the described waste to this disposal facility.

DISPOSER OF WASTE (Must be filled in by disposer)

Name (print or type): \_\_\_\_\_

Site Address: \_\_\_\_\_

We certify that the hauler named above delivered the described waste to this disposal facility.

Permit No. \_\_\_\_\_ Volume measured at site (if applicable): \_\_\_\_\_

Treatment or Recovery Process (circle): Treatment ☒ Spreading Area \_\_\_\_\_ SLF Area \_\_\_\_\_ Other (specify): \_\_\_\_\_

If waste is to be held for disposal elsewhere, specify final location: **Lois Hall**

Disposal Date: \_\_\_\_\_

BILL OF LADING

I.W.D. LIQUID WASTE INC.

16711

CUSTOMER: <b>INLAND MFG</b> LOCATION: <b>VANDALIA, O</b>		TYPE OF SERVICE <input type="checkbox"/> BARRELS <input checked="" type="checkbox"/> TANK <input type="checkbox"/> OTHER	TYPE OF LIQUID <input type="checkbox"/> ACID <input type="checkbox"/> SOLVENT <input type="checkbox"/> OIL <input type="checkbox"/> CAUSTIC <input type="checkbox"/> CYANIDE <input checked="" type="checkbox"/> OTHER
TRUCK NO.: <b>6116</b>	DATE: <b>3-29-79</b>	DISPOSAL FACILITY <input type="checkbox"/> I.W.D. <input type="checkbox"/> SYSTECH <input checked="" type="checkbox"/> LANDFILL <b>So</b> <input type="checkbox"/> OTHER	DISPOSAL COPY REMARKS: <b>IN PLANT - 12:45 PM</b> <b>OUT - 12:55 PM</b> <b>ASBESTOS &amp; H<sub>2</sub>O</b> <b>DOT HAZ CLASS:</b> <b>NOT LISTED</b>
CONSIGNOR REPRESENTATIVE: <b>X [Signature]</b>			
I.W.D. LIQUID WASTE: <b>X [Signature]</b>			
DISPOSAL FACILITY REPRESENTATIVE: <b>Lois Hall</b>			
TANKAGE TRANSFER: GALLONS: _____ TANK NO.: _____		VOLUME BARRELS _____ GALLONS <b>2000</b>	



INDUSTRIAL WASTE DISPOSAL  
MAIN OFFICE: 3975 WAGONER FORD RD.  
DAYTON, OHIO 45414  
(513) 278-0821

☒ I.W.D. LIQUID WASTE  
3106 SNYDER-DOMER RD.  
SPRINGFIELD, OHIO 45502  
(513) 969-8346

☐ I.W.D. CHEMICAL DISPOSAL  
133 TWIN BRIDGES RD.  
DANVILLE, INDIANA 46122  
(317) 745-2878

## HAZARDOUS WASTE MANIFEST

A 5388

## I. GENERATOR OF WASTE (Must be filled in by producer)

Name (print or type): **INLAND MFG**  
Pick up Address: **EDGE RD VANDALIA, O**  
(NO.) (STREET) (CITY)  
Telephone Numbers: **(513) 445-8722** P. O. or Contract No. **BLANKET**  
Order Placed By: **W. THOMAS** Date: **MAR 29, 1979**  
Type of Industry (SIC No.): **MFG CO.**  
Designated Disposal/Recovery Facility: **IWD So LANDFILL**  
DESCRIPTION OF WASTE (Must be filled by producer)  
Type of Waste: **ASBESTOS & H<sub>2</sub>O**  
(Indicate disposal facility code numbers)

Bulk Volume: **2000** gallons \_\_\_\_\_ tons \_\_\_\_\_ cubic yards \_\_\_\_\_ other(specify) \_\_\_\_\_  
Containerized Waste: \_\_\_\_\_ drums \_\_\_\_\_ pallets \_\_\_\_\_ other \_\_\_\_\_  
Physical State (circle): solid ☒ liquid \_\_\_\_\_ sludge other(specify) \_\_\_\_\_  
Hazardous Properties (circle): ☒ none toxic flammable water-reactive strong sensitizer corrosive or irritant  
air-reactive other(specify) \_\_\_\_\_  
pH (circle): less than 3 greater than 10

Major Components: \_\_\_\_\_ Concentrations: (% or ppm)  
(Ex: Hydrochloric acid, lead, lime, crude oil) Upper Lower  
1. **ASBESTOS DUST**  
2. **WATER**  
3. \_\_\_\_\_  
4. \_\_\_\_\_

Special Handling Instructions (if any): \_\_\_\_\_

T Classifications: **NOT LISTED**  
Name of HAULER (print or type): **IWD LIQUID WASTE**  
Business address: **3106 SNYDER-DOMER RD SPRINGFIELD, O**  
(NO.) (STREET) (CITY)  
Telephone Number: **(513) 969-8346** Pick-up: \_\_\_\_\_ Times: **3-29-79: 12:00** pm

Waste Hauler's Permit No. (if applicable): \_\_\_\_\_  
We certify that the described waste will be delivered to the disposal facility named above.  
The HAULER shall retain Copy 2 after delivery.

We certify that the above described waste was delivered to the hauler named herein for disposal at the site named above.  
SHIPPER'S CERTIFICATION: This is to certify that the above named materials are properly classified, described, packaged, marked and labelled and are in proper condition for transportation according to the applicable regulations of the Department of Transportation.  
DATE: **3-29-79** SIGNATURE OF GENERATOR OR AUTHORIZED AGENT AND TITLE: **X [Signature]**  
The GENERATOR shall retain Copy 4 of this manifest after completing the GENERATOR and WASTE DESCRIPTION portions.

## ... DISPOSER OF WASTE (Must be filled in by disposer)

Name (print or type): \_\_\_\_\_  
Site Address: \_\_\_\_\_  
We certify that the hauler named above delivered the described waste to this disposal facility.  
Permit No. \_\_\_\_\_ Volume measured at site (if applicable): \_\_\_\_\_  
Treatment or Recovery Process (circle): Treatment ☒ Spreading Area ☒ SLF Area Other (specify): \_\_\_\_\_  
If waste is to be held for disposal elsewhere, specify final location: **Lois Hall**  
Disposal Date: \_\_\_\_\_

I.W.D. LIQUID WASTE INC.

10/08

CUSTOMER: <b>INLAND MFG</b> <b>VANDALIA, O</b>		TYPE OF SERVICE <input type="checkbox"/> BARRELS <input checked="" type="checkbox"/> TANK <input type="checkbox"/> OTHER	TYPE OF LIQUID <input type="checkbox"/> ACID <input type="checkbox"/> SOLVENT <input type="checkbox"/> OIL <input type="checkbox"/> CAUSTIC <input type="checkbox"/> CYANIDE <input checked="" type="checkbox"/> OTHER
TRUCK NO.: <b>616</b>	DATE: <b>3-28-79</b>	DISPOSAL FACILITY <input type="checkbox"/> I.W.D. <input type="checkbox"/> SYSTECH <input checked="" type="checkbox"/> LANDFILL <b>So.</b> <input type="checkbox"/> OTHER	DISPOSAL COPY <b>10 PLANT - 759 A</b> <b>CUT " - 830 A</b> <b>REMARKS:</b> <b>ASBESTOS &amp; H2O</b> <b>DOT HAZ CLASS:</b> <b>NOT LISTED</b>
CONSIGNOR REPRESENTATIVE: <i>[Signature]</i>		VOLUME BARRELS GALLONS <b>1800</b>	
DISPOSAL FACILITY REPRESENTATIVE: <i>Louis Hall</i>			
TANKAGE TRANSFER: GALLONS: TANK NO.:			



**INDUSTRIAL WASTE DISPOSAL**  
MAIN OFFICE: 3975 WAGONER FORD RD.  
DAYTON, OHIO 45414  
(513) 278-0821

☒ **I.W.D. LIQUID WASTE**  
3106 SNYDER-DOMER RD.  
SPRINGFIELD, OHIO 45502  
(513) 969-8346

☐ **I.W.D. CHEMICAL DISPOSAL**  
133 TWIN BRIDGES RD.  
DANVILLE, INDIANA 46122  
(317) 745-2878

## HAZARDOUS WASTE MANIFEST

A 5418

## I. GENERATOR OF WASTE (Must be filled in by producer)

Name (print or type): INLAND MANUFACTURINGPick up Address: Engle Road, Vandalia, Ohio  
(NO.) (STREET) (CITY)Telephone Numbers: 445 8303 P. O. or Contract No. Blanket OrderOrder Placed By: Jerry Timms Date: MAR 28, '79Type of Industry (SIC No.): MFG CODesignated Disposal/Recovery Facility: IWD South Landfill, Dayton, Ohio

## DESCRIPTION OF WASTE (Must be filled by producer)

Type of Waste: Asbestos and water

(Indicate disposal facility code numbers)

Bulk Volume: 1800 gallons 2000 tons \_\_\_\_\_ cubic yards \_\_\_\_\_ other(specify) \_\_\_\_\_

Containerized Waste: \_\_\_\_\_ drums \_\_\_\_\_ pallets \_\_\_\_\_ other \_\_\_\_\_

Physical State (circle): solid ☒ liquid \_\_\_\_\_ sludge \_\_\_\_\_ other(specify) \_\_\_\_\_Hazardous Properties (circle): ☒ none \_\_\_\_\_ toxic \_\_\_\_\_ flammable \_\_\_\_\_ water-reactive \_\_\_\_\_ strong sensitizer \_\_\_\_\_ corrosive or irritant \_\_\_\_\_  
air-reactive \_\_\_\_\_ other(specify) \_\_\_\_\_

pH (circle): less than 3 \_\_\_\_\_ greater than 10 \_\_\_\_\_

Major Components:

(Ex: Hydrochloric acid, lead, lime, crude oil)

Concentrations: (% or ppm)

Upper

Lower

1. asbestos2. water

3. \_\_\_\_\_

4. \_\_\_\_\_

Special Handling Instructions (if any): \_\_\_\_\_

DOT Classifications: non hazardous \_\_\_\_\_ no placarding requiredName of HAULER (print or type): I W D LIQUID WASTE INCBusiness address: 3106 Snyder Domer Road, Springfield, Oh 45502  
(NO.) (STREET) (CITY)Telephone Number: 1 969 8346Pick-up: \_\_\_\_\_ Times: 3-28-79 : 800 am

Waste Hauler's Permit No. (if applicable): \_\_\_\_\_

We certify that the described waste will be delivered to the disposal facility named above.

The HAULER shall retain Copy 2 after delivery.

SIGNATURE OF HAULER OR AUTHORIZED AGENT AND TITLE

We certify that the above described waste was delivered to the hauler named herein for disposal at the site named above.

SHIPPER'S CERTIFICATION: This is to certify that the above named materials are properly classified, described, packaged, marked and labelled and are in proper condition for transportation according to the applicable regulations of the Department of Transportation.

DATE: 3-28-79

SIGNATURE OF GENERATOR OR AUTHORIZED AGENT AND TITLE

The GENERATOR shall retain Copy 4 of this manifest after completing the GENERATOR and WASTE DESCRIPTION portions.

## DISPOSER OF WASTE (Must be filled in by disposer)

Name (print or type): \_\_\_\_\_

Site Address: \_\_\_\_\_

We certify that the hauler named above delivered the described waste to this disposal facility.

Permit No. \_\_\_\_\_ Volume measured at site (if applicable): \_\_\_\_\_

Treatment or Recovery Process (circle): Treatment ☒ Spreading Area ☐ SLF Area ☐ Other (specify): \_\_\_\_\_

If waste is to be held for disposal elsewhere, specify final location: \_\_\_\_\_

Disposal Date: \_\_\_\_\_

SIGNATURE OF DISPOSER OR AUTHORIZED AGENT AND TITLE

BILL OF LADING

I.W.D. LIQUID WASTE INC.

15047

CUSTOMER <b>VANDALIA CO</b>		TYPE OF SERVICE <input type="checkbox"/> BARRELS <input checked="" type="checkbox"/> TANK <input type="checkbox"/> OTHER		TYPE OF LIQUID <input type="checkbox"/> ACID <input type="checkbox"/> SOLVENT <input type="checkbox"/> OIL <input type="checkbox"/> CAUSTIC <input type="checkbox"/> CYANIDE <input checked="" type="checkbox"/> OTHER	
TRUCK NO. <b>616</b>	DATE <b>3-27-79</b>	DISPOSAL FACILITY <input type="checkbox"/> I.W.D. <input checked="" type="checkbox"/> SYSTECH <input checked="" type="checkbox"/> LANDFILL, So. <input type="checkbox"/> OTHER		REMARKS: <b>ASBESTOS #1120</b> <b>DOT HAZ CLASS:</b> <b>[NOT LISTED]</b>	
CONSIGNOR REPRESENTATIVE <i>[Signature]</i>					
I.W.D. LIQUID WASTE <i>[Signature]</i>					
DISPOSAL FACILITY REPRESENTATIVE <i>[Signature]</i>					
TANKAGE TRANSFER: GALLONS: _____		VOLUME BARRELS: _____ GALLONS: <b>2000</b>			
TANK NO.: _____					



**INDUSTRIAL WASTE DISPOSAL**  
MAIN OFFICE: 3975 WAGONER FORD RD.  
DAYTON, OHIO 45414  
(513) 278-0821

☒ **I.W.D. LIQUID WASTE**  
3106 SNYDER-DOMER RD.  
SPRINGFIELD, OHIO 45502  
(513) 969-8346

☐ **I.W.D. CHEMICAL DISPOSAL**  
133 TWIN BRIDGES RD.  
DANVILLE, INDIANA 46122  
(317) 745-2878

## HAZARDOUS WASTE MANIFEST

A 5323

## I. GENERATOR OF WASTE (Must be filled in by producer)

Name (print or type): INLAND MANUFACTURINGPick up Address: 8 NGLE ROAD Vandalia, Ohio 45377  
(NO.) (STREET) (CITY)Telephone Numbers: 445 8303 P. O. or Contract No. BlanketOrder Placed By: Jerry TimmsDate: MARCH 27, 1979Type of Industry (SIC No.): MFG CO.Designated Disposal/Recovery Facility: I W D SOUTH LANDFILL, DAYTON, OHIO

## DESCRIPTION OF WASTE (Must be filled by producer)

Type of Waste: ASBESTOS /water

(Indicate disposal facility code numbers)

Bulk Volume: 2000 gallons \_\_\_\_\_ tons \_\_\_\_\_ cubic yards \_\_\_\_\_ other (specify) \_\_\_\_\_

Containerized Waste: \_\_\_\_\_ drums \_\_\_\_\_ pallets \_\_\_\_\_ other \_\_\_\_\_

Physical State (circle): solid liquid sludge other (specify) \_\_\_\_\_Hazardous Properties (circle): none toxic flammable water-reactive strong sensitizer corrosive or irritant  
air-reactive other (specify) \_\_\_\_\_

pH (circle): less than 3 greater than 10

## Major Components:

(Ex: Hydrochloric acid, lead, lime, crude oil)

1. ASBESTOS & H2O

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

Special Handling Instructions (if any): goggles, hard hat with full face shield, glovesDOT Classifications: non hazardous-----no placarding required-----Name of HAULER (print or type): I W D LIQUID WASTE INCBusiness address: 3106 Snyder-Domer Road, Springfield Ohio 45502  
(NO.) (STREET) (CITY)Telephone Number: 1 969 8346Pick-up: \_\_\_\_\_ Times: 3/27/79 8:20 am

Waste Hauler's Permit No. (if applicable): \_\_\_\_\_

We certify that the described waste will be delivered to the disposal facility named above.

The HAULER shall retain Copy 2 after delivery.

SIGNATURE OF HAULER OR AUTHORIZED AGENT AND TITLE

We certify that the above described waste was delivered to the hauler named herein for disposal at the site named above.

SHIPPER'S CERTIFICATION: This is to certify that the above named materials are properly classified, described, packaged, marked and labelled and are in proper condition for transportation according to the applicable regulations of the Department of Transportation.

DATE 3-27-79 SIGNATURE OF GENERATOR OR AUTHORIZED AGENT AND TITLE

The GENERATOR shall retain Copy 4 of this manifest after completing the GENERATOR and WASTE DESCRIPTION portions.

## DISPOSER OF WASTE (Must be filled in by disposer)

Name (print or type): \_\_\_\_\_

Site Address: \_\_\_\_\_

We certify that the hauler named above delivered the described waste to this disposal facility.

Permit No. \_\_\_\_\_ Volume measured at site (if applicable): \_\_\_\_\_

Treatment or Recovery Process (circle): Treatment Spreading Area SLF Area Other (specify): \_\_\_\_\_

If waste is to be held for disposal elsewhere, specify final location:

Disposal Date: 3-27-79

SIGNATURE OF DISPOSER OR AUTHORIZED AGENT AND TITLE

CUSTOMER: <b>Inland Mfg</b>		TYPE OF SERVICE <input type="checkbox"/> BARRELS <input checked="" type="checkbox"/> TANK <input type="checkbox"/> OTHER		TYPE OF LIQUID <input type="checkbox"/> ACID <input type="checkbox"/> SOLVENT <input type="checkbox"/> OIL <input type="checkbox"/> CAUSTIC <input type="checkbox"/> CYANIDE <input checked="" type="checkbox"/> OTHER	
DATE: <b>3-23-79</b>		DISPOSAL FACILITY <input type="checkbox"/> I.W.D. <input type="checkbox"/> SYSTECH <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER		REMARKS: <b>Asbestos water</b> <b>DOT 162-12 CLASS</b> <b>Waste</b> <b>Time</b>	
CONSIGNEE REPRESENTATIVE					
DISPOSAL FACILITY REPRESENTATIVE: <b>Lair Hall</b>					
TANKAGE TRANSFER					
GALLONS:		VOLUME BARRELS			
TANK NO.:		GALLONS <b>2000</b>			



**INDUSTRIAL WASTE DISPOSAL**  
MAIN OFFICE: 3975 WAGONER FORD RD.  
DAYTON, OHIO 45414  
(513) 278-0821

☒ **I.W.D. LIQUID WASTE**  
3106 SNYDER-DOMER RD.  
SPRINGFIELD, OHIO 45502  
(513) 969-8346

☐ **I.W.D. CHEMICAL DISPOSAL**  
133 TWIN BRIDGES RD.  
DANVILLE, INDIANA 46122  
(317) 745-2878

### HAZARDOUS WASTE MANIFEST

**A 5324**

#### I. GENERATOR OF WASTE (Must be filled in by producer)

Name (print or type): **INLAND MANUFACTURING**

Pick up Address: **Engle Road** **Vandalia, Ohio 45377**  
(NO.) (STREET) (CITY)

Telephone Numbers: **445 8303** P. O. or Contract No. **Blanket**

Order Placed By: **Jerry Timms** Date: **3-23-79**

Type of Industry (SIC No.):

Designated Disposal/Recovery Facility: **I W D SOUTH LANDFILL, DAYTON, OHIO**

#### DESCRIPTION OF WASTE (Must be filled by producer)

Type of Waste: **asbestos & water**

(Indicate disposal facility code numbers)

Bulk Volume: **2000** gallons \_\_\_\_\_ tons \_\_\_\_\_ cubic yards \_\_\_\_\_ other(specify) \_\_\_\_\_

Containerized Waste: \_\_\_\_\_ drums \_\_\_\_\_ pallets \_\_\_\_\_ other \_\_\_\_\_

Physical State (circle): solid **liquid** sludge other(specify) \_\_\_\_\_

Hazardous Properties (circle): **none** toxic flammable water-reactive strong sensitizer corrosive or irritant  
air-reactive other(specify) \_\_\_\_\_

pH (circle): less than 3 greater than 10

Major Components:

(Ex: Hydrochloric acid, lead, lime, crude oil)

Concentrations: (% or ppm)

Upper Lower

1. **Asbestos &**

2. **WATER**

3. \_\_\_\_\_

4. \_\_\_\_\_

Special Handling Instructions (if any): **goggles, hard hat with full face shield, gloves**

DOT Classifications: **non hazardous** -----no placarding required-----

Name of HAULER (print or type): **I W D LIQUID WASTE INC**

Business address: **3106 Snyder Domer Road, Springfield, Ohio 45502**  
(NO.) (STREET) (CITY)

Telephone Number: **1 969 8346** Pick-up: \_\_\_\_\_ Times: \_\_\_\_\_ am pm

Waste Hauler's Permit No. (if applicable):

We certify that the described waste will be delivered to the disposal facility named above.

The HAULER shall retain Copy 2 after delivery.

**Jerry L. Woodham**  
SIGNATURE OF HAULER OR AUTHORIZED AGENT AND TITLE

We certify that the above described waste was delivered to the hauler named herein for disposal at the site named above.

**SHIPPER'S CERTIFICATION:** This is to certify that the above named materials are properly classified, described, packaged, marked and labelled and are in proper condition for transportation according to the applicable regulations of the Department of Transportation.

DATE

**3-23-79**  
SIGNATURE OF GENERATOR OR AUTHORIZED AGENT AND TITLE

The GENERATOR shall retain Copy 4 of this manifest after completing the GENERATOR and WASTE DESCRIPTION portions.

#### DISPOSER OF WASTE (Must be filled in by disposer)

Name (print or type):

Site Address:

We certify that the hauler named above delivered the described waste to this disposal facility.

Permit No. \_\_\_\_\_ Volume measured at site (if applicable):

Treatment or Recovery Process (circle): Treatment **Spreading Area** SLF Area Other (specify):

If waste is to be held for disposal elsewhere, specify final location:

Disposal Date:

**Lair Hall**  
SIGNATURE OF DISPOSER OR AUTHORIZED AGENT AND TITLE

CUSTOMER: <b>INLAND MFG</b>		TYPE OF SERVICE		TYPE OF LIQUID	
LOCATION: <b>VANDALIA, O</b>		<input type="checkbox"/> BARRELS		<input type="checkbox"/> ACID	
TRUCK NO.: <b>616</b>		<input checked="" type="checkbox"/> TANK		<input type="checkbox"/> SOLVENT	
DATE: <b>3-22-79</b>		<input type="checkbox"/> OTHER		<input type="checkbox"/> OIL	
CONSIGNOR REPRESENTATIVE: <b>Marcia Tobias</b>		DISPOSAL FACILITY		<input type="checkbox"/> CAUSTIC	
L.W.D. LIQUID WASTE: <b>AFAC</b>		<input type="checkbox"/> I.W.D.		<input type="checkbox"/> CYANIDE	
DISPOSAL FACILITY REPRESENTATIVE: <b>Paul Sigmund</b>		<input type="checkbox"/> SYSTECH		<input checked="" type="checkbox"/> OTHER	
TANKAGE TRANSFER:		<input checked="" type="checkbox"/> LANDFILL		REMARKS: <b>ASBESTOS + H2O</b>	
GALLONS:		<input type="checkbox"/> OTHER		<b>DOT HAZ CHES:</b>	
TANK NO.:		VOLUME		<b>NOT LISTED</b>	
		BARRELS			
		GALLONS <b>2000</b>			



**INDUSTRIAL WASTE DISPOSAL**  
MAIN OFFICE: 3975 WAGON FORD RD.  
DAYTON, OHIO 45414  
(513) 278-0821

☒ **I.W.D. LIQUID WASTE**  
3106 SNYDER-DOMER RD.  
SPRINGFIELD, OHIO 45502  
(513) 969-8346

☐ **I.W.D. CHEMICAL DISPOSAL**  
133 TWIN BRIDGES RD.  
DANVILLE, INDIANA 46122  
(317) 745-2878

### HAZARDOUS WASTE MANIFEST

**A 5335**

#### I. GENERATOR OF WASTE (Must be filled in by producer)

Name (print or type): **INLAND MFG**  
Pick up Address: **VANDALIA, OHIO** **ENGLE RD**  
(NO.) (STREET) (CITY)  
Telephone Numbers: **(513) 445-8722** P. O. or Contract No. **BLANKET**  
Waste Placed By: **W. THOMAS** Date: **MAR 22, 1979**

Type of Industry (SIC No.): **MFG CO**  
Designated Disposal/Recovery Facility: **IWD SO LANDFILL**

#### DESCRIPTION OF WASTE (Must be filled in by producer)

Type of Waste: **ASBESTOS + H2O**  
(Indicate disposal facility code numbers)

Bulk Volume: **2000** gallons \_\_\_\_\_ tons \_\_\_\_\_ cubic yards \_\_\_\_\_ other(specify) \_\_\_\_\_

Containerized Waste: \_\_\_\_\_ drums \_\_\_\_\_ pallets \_\_\_\_\_ other \_\_\_\_\_

Physical State (circle): solid ☒ liquid \_\_\_\_\_ sludge \_\_\_\_\_ other(specify) \_\_\_\_\_

Hazardous Properties (circle): ☒ none \_\_\_\_\_ toxic \_\_\_\_\_ flammable \_\_\_\_\_ water-reactive \_\_\_\_\_ strong sensitizer \_\_\_\_\_ corrosive or irritant \_\_\_\_\_  
air-reactive \_\_\_\_\_ other(specify) \_\_\_\_\_

pH (circle): less than 3 \_\_\_\_\_ greater than 10 \_\_\_\_\_

Major Components: \_\_\_\_\_ Concentrations: (% or ppm)  
(Ex: Hydrochloric acid, lead, lime, crude oil) Upper Lower

- ASBESTOS DUST**
- WATER**
- 
- 

Special Handling Instructions (if any): \_\_\_\_\_

DOT Classifications: **NOT LISTED**

Name of HAULER (print or type): **IWD LIQUID WASTE**  
Business address: **3106 SNYDER-DOMER RD** **SPRINGFIELD, O**  
(NO.) (STREET) (CITY)

Telephone Number: **(513) 969-8346** Pick-up: \_\_\_\_\_ Times: **3-22-79 900 am**

Waste Hauler's Permit No. (if applicable): \_\_\_\_\_

We certify that the described waste will be delivered to the disposal facility named above.

The HAULER shall retain Copy 2 after delivery.

We certify that the above described waste was delivered to the hauler named herein for disposal at the site named above.

**SHIPPER'S CERTIFICATION:** This is to certify that the above named materials are properly classified, described, packaged, marked and labelled and are in proper condition for transportation according to the applicable regulations of the Department of Transportation.

DATE: **3-22-79** SIGNATURE OF GENERATOR OR AUTHORIZED AGENT AND TITLE: **W. Thomas**

The GENERATOR shall retain Copy 4 of this manifest after completing the GENERATOR and WASTE DESCRIPTION portions.

#### DISPOSER OF WASTE (Must be filled in by disposer)

Name (print or type): \_\_\_\_\_

Site Address: \_\_\_\_\_

We certify that the hauler named above delivered the described waste to this disposal facility.


Permit No. \_\_\_\_\_ Volume measured at site (if applicable): \_\_\_\_\_

Treatment or Recovery Process (circle): Treatment \_\_\_\_\_ Spreading Area \_\_\_\_\_ SLF Area \_\_\_\_\_ Other (specify): \_\_\_\_\_

If waste is to be held for disposal elsewhere, specify final location: \_\_\_\_\_

Disposal Date: \_\_\_\_\_ SIGNATURE OF DISPOSER OR AUTHORIZED AGENT AND TITLE: **Louis Hall**

CUSTOMER: <b>INLAND MFG</b> <b>VANDALIA, OH</b>		TYPE OF SERVICE <input checked="" type="checkbox"/> BARRELS <input checked="" type="checkbox"/> TANK <input type="checkbox"/> OTHER		TYPE OF LIQUID <input type="checkbox"/> ACID <input type="checkbox"/> SOLVENT <input type="checkbox"/> OIL <input type="checkbox"/> CAUSTIC <input type="checkbox"/> CYANIDE <input checked="" type="checkbox"/> OTHER	
TRUCK NO.: <b>616</b>	DATE: <b>3-21-79</b>	DISPOSAL FACILITY <input type="checkbox"/> I.W.D. <input type="checkbox"/> SYSTECH <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER		REMARKS: <b>WARRANT - 600 AM OUT - 6:30 AM ASBESTOS &amp; H<sub>2</sub>O DOT HAZ CLAS: [NOT LISTED]</b>	
CONSIGNOR REPRESENTATIVE: <b>[Signature]</b>		VOLUME BARRELS _____ GALLONS <b>2000</b>		DISPOSAL COPY	
I.W.D. LIQUID WASTE: <b>[Signature]</b>					
DISPOSAL FACILITY REPRESENTATIVE: <b>Jaye Singmore</b>					
TANKAGE TRANSFER: GALLONS: _____					
TANK NO.: _____					

 <b>INDUSTRIAL WASTE DISPOSAL</b> MAIN OFFICE: 3975 WAGONER FORD RD. DAYTON, OHIO 45414 (513) 278-0821	<input checked="" type="checkbox"/> I.W.D. LIQUID WASTE 3106 SNYDER-DOMER RD. SPRINGFIELD, OHIO 45502 (513) 969-8346	<input type="checkbox"/> HAZARDOUS WASTE 133 TWIN BRIDGES RD. DANVILLE, INDIANA 46122 (317) 745-2878
	<b>HAZARDOUS WASTE MANIFEST</b>	

**I. GENERATOR OF WASTE (Must be filled in by producer)**

**A 5284**

Name (print or type): INLAND MANUFACTURING

Pick up Address: ENGLE ROAD, VANDALIA, OHIO 45377  
(NO.) (STREET) (CITY)

Telephone Numbers: 445 8303 P. O. or Contract No. BLANKET

Order Placed By: Jerry Timms Date: 3-21-79

Code of Industry (SIC No.): MFG CO.

Designated Disposal/Recovery Facility: IWD SOUTH LANDFILL, DAYTON, OHIO

DESCRIPTION OF WASTE (Must be filled by producer)

Type of Waste: asbestos & water  
(Indicate disposal facility code numbers)

Bulk Volume: 2000 gallons \_\_\_\_\_ tons \_\_\_\_\_ cubic yards \_\_\_\_\_ other (specify) \_\_\_\_\_

Containerized Waste: \_\_\_\_\_ drums \_\_\_\_\_ pallets \_\_\_\_\_ other \_\_\_\_\_

Physical State (circle): solid ☐ liquid ☒ sludge other (specify) \_\_\_\_\_

Hazardous Properties (circle): none ☒ toxic flammable water-reactive strong sensitizer corrosive or irritant  
 air-reactive other (specify) \_\_\_\_\_

pH (circle): less than 3 greater than 10

Major Components:  
(Ex: Hydrochloric acid, lead, lime, crude oil)

	Concentrations: (% or ppm)	
	Upper	Lower
1. <u>ASBESTOS DUST</u>		
2. <u>WATER</u>		
3. _____		
4. _____		

Special Handling Instructions (if any): \_\_\_\_\_

DOT Classifications: non hazardous - no placarding required

Name of HAULER (print or type): I W D LIQUID WASTE INC

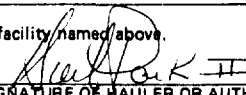
Business address: 3106 Snyder Domer Road, Springfield, Ohio 45502  
(NO.) (STREET) (CITY)

Telephone Number: 1 969 8346 Pick-up: \_\_\_\_\_ Times: 3-21-79 : 600 am

Waste Hauler's Permit No. (if applicable): \_\_\_\_\_

We certify that the described waste will be delivered to the disposal facility named above.

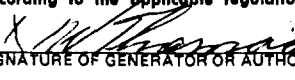
The HAULER shall retain Copy 2 after delivery.

  
 SIGNATURE OF HAULER OR AUTHORIZED AGENT AND TITLE

We certify that the above described waste was delivered to the hauler named herein for disposal at the site named above.

SHIPPER'S CERTIFICATION: This is to certify that the above named materials are properly classified, described, packaged, marked and labelled and are in proper condition for transportation according to the applicable regulations of the Department of Transportation.

DATE: 3-21-79

  
 SIGNATURE OF GENERATOR OR AUTHORIZED AGENT AND TITLE

The GENERATOR shall retain Copy 4 of this manifest after completing the GENERATOR and WASTE DESCRIPTION portions.

**II. DISPOSER OF WASTE (Must be filled in by disposer)**

Name (print or type): \_\_\_\_\_

Site Address: \_\_\_\_\_


We certify that the hauler named above delivered the described waste to this disposal facility.

Permit No. \_\_\_\_\_ Volume measured at site (if applicable): \_\_\_\_\_

Treatment or Recovery Process (circle): Treatment Spreading Area SLF Area Other (specify): \_\_\_\_\_

If waste is to be held for disposal elsewhere, specify final location: \_\_\_\_\_

Disposal Date: \_\_\_\_\_

  
 SIGNATURE OF DISPOSER OR AUTHORIZED AGENT AND TITLE



CUSTOMER: <b>WILAND MFG</b> <b>VANDALIA, O</b>		TYPE OF SERVICE <input type="checkbox"/> BARRELS <input checked="" type="checkbox"/> TANK <input type="checkbox"/> OTHER	TYPE OF LIQUID <input type="checkbox"/> ACID <input type="checkbox"/> SOLVENT <input type="checkbox"/> OIL <input type="checkbox"/> CAUSTIC <input type="checkbox"/> CYANIDE <input checked="" type="checkbox"/> OTHER
TRUCK NO.: <b>616</b>	DATE: <b>3-21-79</b>	DISPOSAL FACILITY <input type="checkbox"/> I.W.D. <input type="checkbox"/> SYSTECH <input checked="" type="checkbox"/> LANDFILL <b>S.</b> <input type="checkbox"/> OTHER	DISPOSAL COPY <b>IN TANK - 2:50 PM</b> <b>OUT " - 3:30 PM</b> <b>REMARKS:</b> <b>ASBESTOS &amp; H<sub>2</sub>O</b> <b>DOT HAZ CLAS.</b> <b>NOT LISTED</b>
CONSIGNOR REPRESENTATIVE: <b>[Signature]</b>			
I.W.D. LIQUID WASTE: <b>[Signature]</b>			
DISPOSAL FACILITY REPRESENTATIVE: <b>Luis Hall</b>			
TANKAGE TRANSFER: GALLONS: _____ TANK NO.: _____		VOLUME BARRELS _____ GALLONS <b>200</b>	



**INDUSTRIAL WASTE DISPOSAL**  
MAIN OFFICE: 3975 WAGONER FORD RD.  
DAYTON, OHIO 45414  
(513) 278-0821

☒ **I.W.D. LIQUID WASTE**  
3106 SNYDER-DOMER RD.  
SPRINGFIELD, OHIO 45502  
(513) 969-8346

☐ **I.W.D. CHEMICAL DISPOSAL**  
133 TWIN BRIDGES RD.  
DANVILLE, INDIANA 46122  
(317) 745-2878

### HAZARDOUS WASTE MANIFEST

**A 5334**

#### I. GENERATOR OF WASTE (Must be filled in by producer)

Name (print or type): **WILAND MFG**  
Pick up Address: **ENGLE RD** **VANDALIA, O**  
(NO.) (STREET) (CITY)  
Telephone Numbers: **(513) 445-8303** P. O. or Contract No. **BLANKET**  
Waste Placed By: **JERRY TIMMS** Date: **MAR 21 1979**  
Type of Industry (SIC No.): **MFG 00**  
Designated Disposal/Recovery Facility: **SOUTH LANDFILL, IWD** **DAYTON, O**  
DESCRIPTION OF WASTE (Must be filled in by producer)  
Type of Waste: **ASBESTOS & H<sub>2</sub>O**  
(Indicate disposal facility code numbers)

Bulk Volume: **2000** gallons \_\_\_\_\_ tons \_\_\_\_\_ cubic yards \_\_\_\_\_ other (specify) \_\_\_\_\_  
Containerized Waste: \_\_\_\_\_ drums \_\_\_\_\_ pallets \_\_\_\_\_ other \_\_\_\_\_  
Physical State (circle): solid ☒ liquid ☐ sludge other (specify) \_\_\_\_\_  
Hazardous Properties (circle): ☒ none ☐ toxic ☐ flammable ☐ water-reactive ☐ strong sensitizer ☐ corrosive or irritant  
air-reactive other (specify) \_\_\_\_\_  
pH (circle): less than 3 greater than 10

Major Components: \_\_\_\_\_ Concentrations: (% or ppm)  
(Ex: Hydrochloric acid, lead, lime, crude oil) Upper Lower  
1. **ASBESTOS DUST** \_\_\_\_\_  
2. **WATER** \_\_\_\_\_  
3. \_\_\_\_\_  
4. \_\_\_\_\_

Special Handling Instructions (if any): \_\_\_\_\_

DOT Classifications: **NOT LISTED**  
Name of HAULER (print or type): **IWD LIQUID WASTE**  
Business address: **3106 SNYDER-DOMER RD** **SPRINGFIELD, O**  
(NO.) (STREET) (CITY)  
Telephone Number: **(513) 969-8346** Pick-up: \_\_\_\_\_ Times: **3-21-79** **300** pm

Waste Hauler's Permit No. (if applicable): \_\_\_\_\_

We certify that the described waste will be delivered to the disposal facility named above.

The HAULER shall retain Copy 2 after delivery.

We certify that the above described waste was delivered to the hauler named herein for disposal at the site named above.

**SHIPPER'S CERTIFICATION:** This is to certify that the above named materials are properly classified, described, packaged, marked and labelled and are in proper condition for transportation according to the applicable regulations of the Department of Transportation.

DATE: **3-21-79** SIGNATURE OF GENERATOR OR AUTHORIZED AGENT AND TITLE: **[Signature]**

The GENERATOR shall retain Copy 4 of this manifest after completing the GENERATOR and WASTE DESCRIPTION portions.

#### DISPOSER OF WASTE (Must be filled in by disposer)

Name (print or type): \_\_\_\_\_

Site Address: \_\_\_\_\_

We certify that the hauler named above delivered the described waste to this disposal facility.

Permit No. \_\_\_\_\_ Volume measured at site (if applicable): \_\_\_\_\_

Treatment or Recovery Process (circle): Treatment Spreading Area SLF Area Other (specify): \_\_\_\_\_

If waste is to be held for disposal elsewhere, specify final location: \_\_\_\_\_

Disposal Date: \_\_\_\_\_ SIGNATURE OF DISPOSER OR AUTHORIZED AGENT AND TITLE: **Luis Hall**

## I.W.D. LIQUID WASTE INC.

15035

CUSTOMER: <b>WILAND MFG</b> <b>WANDALIA, O</b>		TYPE OF SERVICE <input type="checkbox"/> BARRELS <input checked="" type="checkbox"/> TANK <input type="checkbox"/> OTHER	TYPE OF LIQUID <input type="checkbox"/> ACID <input type="checkbox"/> SOLVENT <input type="checkbox"/> OIL <input checked="" type="checkbox"/> CAUSTIC <input type="checkbox"/> CYANIDE <input checked="" type="checkbox"/> OTHER
TRUCK NO.: <b>616</b>	DATE: <b>3-20-79</b>	DISPOSAL FACILITY <input type="checkbox"/> I.W.D. <input type="checkbox"/> SYSTECH <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER	REMARKS: <b>IN PLANT - 5:30 AM</b> <b>CUT " - 6:20 AM</b> <b>ASBESTOS &amp; H<sub>2</sub>O</b> <b>DOT HAZ CLASS:</b> <b>[NOT LISTED]</b>
CONSIGNOR REPRESENTATIVE: <b>[Signature]</b>		VOLUME BARRELS _____ GALLONS <b>2000</b>	
I.W.D. LIQUID WASTE: <b>[Signature]</b>			
DISPOSAL FACILITY REPRESENTATIVE: <b>Jay Sizemore</b>			
TANKAGE TRANSFER: GALLONS: _____ TANK NO.: _____			

DISPOSAL COPY



INDUSTRIAL WASTE DISPOSAL  
MAIN OFFICE: 3975 WAGONER FORD RD.  
DAYTON, OHIO 45414  
(513) 278-0821

☒ I.W.D. LIQUID WASTE  
3106 SNYDER-DOMER RD.  
SPRINGFIELD, OHIO 45502  
(513) 969-8346

☐ I.W.D. CHEMICAL DISPOSAL  
133 TWIN BRIDGES RD.  
DANVILLE, INDIANA 46122  
(317) 745-2878

## HAZARDOUS WASTE MANIFEST

A 5322

## I. GENERATOR OF WASTE (Must be filled in by producer)

Name (print or type): WILAND MANUFACTURING  
Pick up Address: Engle Road Vandalia, Ohio 45377  
(NO.) (STREET) (CITY)  
Phone Numbers: 445 8303 P. O. or Contract No. Blanket  
Order Placed By: Jerry Timms Date: MAR 20, 1979  
Type of Industry (SIC No.): MFG 00  
Designated Disposal/Recovery Facility: IWD SOUTH LANDFILL, DAYTON, OHIO

## DESCRIPTION OF WASTE (Must be filled by producer)

Type of Waste: asbestos & water  
(Indicate disposal facility code numbers) \_\_\_\_\_  
Bulk Volume: 2000 gallons \_\_\_\_\_ tons \_\_\_\_\_ cubic yards \_\_\_\_\_ other (specify) \_\_\_\_\_  
Containerized Waste: \_\_\_\_\_ drums \_\_\_\_\_ pallets \_\_\_\_\_ other \_\_\_\_\_  
Physical State (circle): solid ☒ liquid \_\_\_\_\_ sludge other (specify) \_\_\_\_\_  
Hazardous Properties (circle): ☒ none toxic flammable water-reactive strong sensitizer corrosive or irritant  
air-reactive other (specify) \_\_\_\_\_  
pH (circle): less than 3 greater than 10

Major Components:  
(Ex: Hydrochloric acid, lead, lime, crude oil)  
Concentrations: (% or ppm)  
Upper Lower  
1. asbestos  
2. water  
3. \_\_\_\_\_  
4. \_\_\_\_\_

Special Handling Instructions (if any): goggles, hard hat with full face shield, gloves

DOT Classifications: non hazardous -----no placarding required

Name of HAULER (print or type): I W D LIQUID WASTE INC

Business address: 3106 Snyder Domer Road, Springfield, Oh 45502  
(NO.) (STREET) (CITY)

Telephone Number: 1 969 8346 Pick-up: \_\_\_\_\_ Times: MAR 20, 1979 am

Waste Hauler's Permit No. (if applicable): \_\_\_\_\_

We certify that the described waste will be delivered to the disposal facility named above.

The HAULER shall retain Copy 2 after delivery.

We certify that the above described waste was delivered to the hauler named herein for disposal at the site named above.

SHIPPER'S CERTIFICATION: This is to certify that the above named materials are properly classified, described, packaged, marked and labelled and are in proper condition for transportation according to the applicable regulations of the Department of Transportation.

DATE: March 20, 1979 SIGNATURE OF GENERATOR OR AUTHORIZED AGENT AND TITLE: [Signature]

GENERATOR shall retain Copy 4 of this manifest after completing the GENERATOR and WASTE DESCRIPTION portions.

## DISPOSER OF WASTE (Must be filled in by disposer)

Name (print or type): \_\_\_\_\_

Site Address: \_\_\_\_\_

We certify that the hauler named above delivered the described waste to this disposal facility.

Permit No. \_\_\_\_\_ Volume measured at site (if applicable): \_\_\_\_\_

Treatment or Recovery Process (circle): Treatment Spreading Area SLF Area Other (specify): \_\_\_\_\_

If waste is to be held for disposal elsewhere, specify final location: Jay Sizemore

Disposal Date: \_\_\_\_\_ SIGNATURE OF DISPOSER OR AUTHORIZED AGENT AND TITLE: [Signature]

# INDUSTRIAL WASTE DISPOSAL

CUSTOMER: <b>INLAND MFG</b> ION: <b>VANDALIA, OH</b>		TYPE OF SERVICE <input type="checkbox"/> BARRELS <input checked="" type="checkbox"/> TANK <input type="checkbox"/> OTHER		TYPE OF LIQUID <input type="checkbox"/> ACID <input type="checkbox"/> SOLVENT <input type="checkbox"/> OIL <input type="checkbox"/> CAUSTIC <input type="checkbox"/> CYANIDE <input checked="" type="checkbox"/> OTHER <b>W/HAZ 9:05 AM</b> <b>OUT " 9:45 AM</b>	
TRUCK NO.: <b>616</b>	DATE: <b>5-12-79</b>	DISPOSAL FACILITY <input type="checkbox"/> I.W.D. <input type="checkbox"/> SYSTECH <input checked="" type="checkbox"/> LANDFILL <b>So</b> <input type="checkbox"/> OTHER		REMARKS: <b>ASBESTOS &amp; H<sub>2</sub>O</b> <b>DOT HAZ CLASS:</b> <b>NOT LISTED</b>	
CONSIGNOR REPRESENTATIVE: <b>X J. Tobian</b>		VOLUME BARRELS GALLONS: <del>2000</del> <b>1600</b>			
DISPOSAL FACILITY REPRESENTATIVE: <b>Jaye Singmore</b>					
TANKAGE TRANSFER:					
GALLONS:					
TANK NO.:					

DISPOSAL COPY



**INDUSTRIAL WASTE DISPOSAL**  
MAIN OFFICE: 3975 WAGONER FORD RD.  
DAYTON, OHIO 45414  
(513) 278-0821

☐ **J.W.D. LIQUID WASTE**  
3106 SNYDER-DOMER RD.  
SPRINGFIELD, OHIO 45502  
(513) 969-8346

☐ **I.W.D. CHEMICAL DISPOSAL**  
133 TWIN BRIDGES RD.  
DANVILLE, INDIANA 46122  
(317) 745-2878

## HAZARDOUS WASTE MANIFEST

**A 5841**

### I. GENERATOR OF WASTE (Must be filled in by producer)

Name (print or type): **INLAND MFG**  
Pick up Address: **EDGE RD VANDALIA, OH**  
(NO.) (STREET) (CITY)  
Phone Numbers: **513 227-8166** P. O. or Contract No. **BLANKET**  
Jwr Placed By: **W. THOMAS** Date: **MAY 12 1979**  
Type of Industry (SIC No.): **MFG CO.**  
Designated Disposal/Recovery Facility: **RWD So. LANDFILL DAYTON, OH**

### DESCRIPTION OF WASTE (Must be filled by producer)

Type of Waste: **ASBESTOS & H<sub>2</sub>O**  
(Indicate disposal facility code numbers)  
Bulk Volume: **1600** gallons \_\_\_\_\_ tons \_\_\_\_\_ cubic yards \_\_\_\_\_ other(specify) \_\_\_\_\_  
Containerized Waste: \_\_\_\_\_ drums \_\_\_\_\_ pallets \_\_\_\_\_ other \_\_\_\_\_  
Physical State (circle): solid ☒ liquid ☐ sludge other(specify) \_\_\_\_\_  
Hazardous Properties (circle): ☒ none ☐ toxic ☐ flammable ☐ water-reactive ☐ strong sensitizer ☐ corrosive or irritant  
air-reactive other(specify) \_\_\_\_\_

pH (circle): less than 3 greater than 10

Major Components: \_\_\_\_\_ Concentrations: (% or ppm)  
(Ex: Hydrochloric acid, lead, lime, crude oil) Upper Lower

- ASBESTOS DUST**
- WATER**
- 
- 

Special Handling Instructions (if any): \_\_\_\_\_

DOT Classifications: **NOT LISTED**

me of HAULER (print or type): **IWD LIQUID WASTE**  
Business address: **3106 SNYDER-DOMER RD SPRINGFIELD, OH**  
(NO.) (STREET) (CITY)

Telephone Number: **513 969-8346** Pick-up: \_\_\_\_\_ Times: **5-12-79 9:05 am**

Waste Hauler's Permit No. (if applicable): \_\_\_\_\_

We certify that the described waste will be delivered to the disposal facility named above.

The HAULER shall retain Copy 2 after delivery.

We certify that the above described waste was delivered to the hauler named herein for disposal at the site named above.

**SHIPPER'S CERTIFICATION:** This is to certify that the above named materials are properly classified, described, packaged, marked and labelled and are in proper condition for transportation according to the applicable regulations of the Department of Transportation.

DATE: **5 12 79** SIGNATURE OF GENERATOR OR AUTHORIZED AGENT AND TITLE: **X J. Tobian**

The GENERATOR shall retain Copy 4 of this manifest after completing the GENERATOR and WASTE DESCRIPTION portions.

### DISPOSER OF WASTE (Must be filled in by disposer)

Name (print or type): \_\_\_\_\_

Site Address: \_\_\_\_\_

We certify that the hauler named above delivered the described waste to this disposal facility.

Permit No. \_\_\_\_\_ Volume measured at site (if applicable): \_\_\_\_\_

Treatment or Recovery Process (circle): Treatment Spreading Area SLF Area Other (specify): \_\_\_\_\_

If waste is to be held for disposal elsewhere, specify final location: \_\_\_\_\_

Disposal Date: **5-12-79** SIGNATURE OF DISPOSER OR AUTHORIZED AGENT AND TITLE: **Jaye Singmore**

I.W.D. LIQUID WASTE INC.

10030

CUSTOMER: <b>VLAND MFG</b> ION: <b>VAUDALIA, O</b>		TYPE OF SERVICE <input type="checkbox"/> BARRELS <input type="checkbox"/> TANK <input type="checkbox"/> OTHER	TYPE OF LIQUID <input type="checkbox"/> ACID <input type="checkbox"/> SOLVENT <input type="checkbox"/> OIL <input type="checkbox"/> CAUSTIC <input type="checkbox"/> CYANIDE <input checked="" type="checkbox"/> OTHER
TRUCK NO.: <b>616</b>	DATE: <b>5-14-79</b>	DISPOSAL FACILITY <input type="checkbox"/> I.W.D. <input type="checkbox"/> SYSTECH <input checked="" type="checkbox"/> LANDFILL <b>SO</b> <input type="checkbox"/> OTHER	DISPOSAL COPY REMARKS: <b>ASBESTOS - H<sub>2</sub>O</b> <b>DET HAZ CHAS</b> <b>[NOT LISTED]</b>
CONSIGNOR REPRESENTATIVE: <i>[Signature]</i>		VOLUME BARRELS GALLONS <b>2000</b>	
L.W.D. LIQUID WASTE <i>[Signature]</i>			
DISPOSAL FACILITY REPRESENTATIVE: <b>Berlyn Davis</b>			
TANKAGE TRANSFER			
GALLONS: _____			
TANK NO.: _____			



**INDUSTRIAL WASTE DISPOSAL**  
MAIN OFFICE: 3975 WAGONER FORD RD.  
DAYTON, OHIO 45414  
(513) 278-0821

☒ **I.W.D. LIQUID WASTE**  
3106 SNYDER-DOMER RD.  
SPRINGFIELD, OHIO 45502  
(513) 969-8346

☐ **I.W.D. CHEMICAL DISPOSAL**  
133 TWIN BRIDGES RD.  
DANVILLE, INDIANA 46122  
(317) 745-2878

## HAZARDOUS WASTE MANIFEST

**A 5843**

## I. GENERATOR OF WASTE (Must be filled in by producer)

Name (print or type): **VLAND MFG**  
Pick up Address: **ENGLE RD** **VAUDALIA, O**  
(NO.) (STREET) (CITY)  
Phone Numbers: **513 277-8166** P. O. or Contract No. **PLANKET**  
Order Placed By: **W. THOMAS** Date: **MAY 14 1979**  
Type of Industry (SIC No.): **MFG CO.**  
Designated Disposal/Recovery Facility: **IWD SO LANDFILL, DAYTON, OH**  
DESCRIPTION OF WASTE (Must be filled by producer)  
Type of Waste: **ASBESTOS & H<sub>2</sub>O**  
(Indicate disposal facility code numbers)

Bulk Volume: **2000** gallons \_\_\_\_\_ tons \_\_\_\_\_ cubic yards \_\_\_\_\_ other (specify) \_\_\_\_\_  
Containerized Waste: \_\_\_\_\_ drums \_\_\_\_\_ pallets \_\_\_\_\_ other \_\_\_\_\_  
Physical State (circle): solid ☒ liquid \_\_\_\_\_ sludge \_\_\_\_\_ other (specify) \_\_\_\_\_  
Hazardous Properties (circle): ☒ none \_\_\_\_\_ toxic \_\_\_\_\_ flammable \_\_\_\_\_ water-reactive \_\_\_\_\_ strong sensitizer \_\_\_\_\_ corrosive or irritant \_\_\_\_\_  
air-reactive \_\_\_\_\_ other (specify) \_\_\_\_\_  
pH (circle): less than 3 \_\_\_\_\_ greater than 10 \_\_\_\_\_

Major Components:  
(Ex: Hydrochloric acid, lead, lime, crude oil)  
Concentrations: (% or ppm)  
Upper \_\_\_\_\_ Lower \_\_\_\_\_  
1. **ASBESTOS DUST**  
2. **WATER**  
3. \_\_\_\_\_  
4. \_\_\_\_\_

Special Handling Instructions (if any): \_\_\_\_\_

DOT Classifications: **NOT LISTED**

Name of HAULER (print or type): **IWD LIQUID WASTE**  
Business address: **3106 SNYDER-DOMER RD** **SPRINGFIELD, O**  
(NO.) (STREET) (CITY)

Telephone Number: **513 969-8346** Pick-up: \_\_\_\_\_ Times: **5-14-79 1:30** pm

Waste Hauler's Permit No. (if applicable): \_\_\_\_\_

We certify that the described waste will be delivered to the disposal facility named above.

The HAULER shall retain Copy 2 after delivery.

We certify that the above described waste was delivered to the hauler named herein for disposal at the site named above.

**SHIPPER'S CERTIFICATION:** This is to certify that the above named materials are properly classified, described, packaged, marked and labelled and are in proper condition for transportation according to the applicable regulations of the Department of Transportation.

DATE: **5-14-79** SIGNATURE OF GENERATOR OR AUTHORIZED AGENT AND TITLE: *[Signature]*

The GENERATOR shall retain Copy 4 of this manifest after completing the GENERATOR and WASTE DESCRIPTION portions.

**DISPOSER OF WASTE** (Must be filled in by disposer)

Name (print or type): \_\_\_\_\_

Site Address: \_\_\_\_\_

We certify that the hauler named above delivered the described waste to this disposal facility.

Permit No. \_\_\_\_\_ Volume measured at site (if applicable): \_\_\_\_\_

Treatment or Recovery Process (circle): Treatment \_\_\_\_\_ Spreading Area \_\_\_\_\_ SLF Area \_\_\_\_\_ Other (specify): \_\_\_\_\_

If waste is to be held for disposal elsewhere, specify final location: **Berlyn Davis**

Disposal Date: **5-14-79** SIGNATURE OF DISPOSER OR AUTHORIZED AGENT AND TITLE: *[Signature]*

## I.W.D. LIQUID WASTE INC.

10000

CUSTOMER: <u>Inland</u>		TYPE OF SERVICE <input type="checkbox"/> BARRELS <input checked="" type="checkbox"/> TANK <input type="checkbox"/> OTHER	TYPE OF LIQUID <input type="checkbox"/> ACID <input type="checkbox"/> SOLVENT <input type="checkbox"/> OIL <input type="checkbox"/> CAUSTIC <input type="checkbox"/> CYANIDE <input checked="" type="checkbox"/> OTHER
LOCATION: <u>Vandalia, Ohio</u>		DISPOSAL FACILITY <input type="checkbox"/> I.W.D. <input type="checkbox"/> SYSTECH <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER	REMARKS: <u>Asbestos / water</u> <u>in 8.12</u> <u>out 8.55</u> <u>Not Classified</u>
TRUCK NO.: <u>601</u>	DATE: <u>5-16-79</u>	VOLUME	
CONSIGNOR REPRESENTATIVE: <u>[Signature]</u>		BARRELS	
I.W.D. LIQUID WASTE		GALLONS: <u>2000</u>	
DISPOSAL FACILITY REPRESENTATIVE: <u>Jaye Sizemore</u>			
TANKAGE TRANSFER:			
GALLONS:			
TANK NO.:			

DISPOSAL COPY



INDUSTRIAL WASTE DISPOSAL  
MAIN OFFICE: 3975 WAGONER FORD RD.  
DAYTON, OHIO 45414  
(513) 278-0821

☒ I.W.D. LIQUID WASTE  
3106 SNYDER-DOMER RD.  
SPRINGFIELD, OHIO 45502  
(513) 969-8346

☐ I.W.D. CHEMICAL DISPOSAL  
133 TWIN BRIDGES RD.  
DANVILLE, INDIANA 46122  
(317) 745-2878

## HAZARDOUS WASTE MANIFEST

A 5675

## I. GENERATOR OF WASTE (Must be filled in by producer)

Name (print or type): Inland

Pick up Address: Engle Rd. Vandalia  
(NO.) (STREET) (CITY)

Telephone Numbers: \_\_\_\_\_ P. O. or Contract No. Open

Waste Placed By: Dept. 830 Date: 5 16 79

Type of Industry (SIC No.): MFG

Designated Disposal/Recovery Facility: I.W.D. South Landfill

## DESCRIPTION OF WASTE (Must be filled by producer)

Type of Waste: Asbestos and water

(Indicate disposal facility code numbers)

Bulk Volume: 2000 gallons \_\_\_\_\_ tons \_\_\_\_\_ cubic yards \_\_\_\_\_ other(specify) \_\_\_\_\_

Containerized Waste: \_\_\_\_\_ drums \_\_\_\_\_ pallets \_\_\_\_\_ other \_\_\_\_\_

Physical State (circle): solid \_\_\_\_\_ liquid \_\_\_\_\_ sludge \_\_\_\_\_ other(specify) \_\_\_\_\_

Hazardous Properties (circle): none \_\_\_\_\_ toxic \_\_\_\_\_ flammable \_\_\_\_\_ water-reactive \_\_\_\_\_ strong sensitizer \_\_\_\_\_ corrosive or irritant \_\_\_\_\_  
air-reactive \_\_\_\_\_ other(specify) \_\_\_\_\_

pH (circle): less than 3 \_\_\_\_\_ greater than 10 \_\_\_\_\_

## Major Components:

(Ex: Hydrochloric acid, lead, lime, crude oil)

## Concentrations: (% or ppm)

Upper \_\_\_\_\_ Lower \_\_\_\_\_

- Asbestos
- Water
- 
- 

Special Handling Instructions (if any): noneDOT Classifications: Not ClassifiedName of HAULER (print or type): I.W.D. Liquid waste Inc.

Business address: 3106 Snyder-Domer Rd. Springfield Oh.  
(NO.) (STREET) (CITY)

Telephone Number: 969-8346 Pick-up: \_\_\_\_\_ Times: \_\_\_\_\_ am  
pm

Waste Hauler's Permit No. (if applicable): \_\_\_\_\_

We certify that the described waste will be delivered to the disposal facility named above.

The HAULER shall retain Copy 2 after delivery.

SIGNATURE OF HAULER OR AUTHORIZED AGENT AND TITLE

We certify that the above described waste was delivered to the hauler named herein for disposal at the site named above.

SHIPPER'S CERTIFICATION: This is to certify that the above named materials are properly classified, described, packaged, marked and labelled and are in proper condition for transportation according to the applicable regulations of the Department of Transportation.

DATE

SIGNATURE OF GENERATOR OR AUTHORIZED AGENT AND TITLE

The GENERATOR shall retain Copy 4 of this manifest after completing the GENERATOR and WASTE DESCRIPTION portions.

## II. DISPOSER OF WASTE (Must be filled in by disposer)

Name (print or type): \_\_\_\_\_

Site Address: \_\_\_\_\_

We certify that the hauler named above delivered the described waste to this disposal facility.

Permit No. \_\_\_\_\_ Volume measured at site (if applicable): \_\_\_\_\_

Treatment or Recovery Process (circle): Treatment \_\_\_\_\_ Spreading Area \_\_\_\_\_ SLF Area \_\_\_\_\_ Other (specify): \_\_\_\_\_

If waste is to be held for disposal elsewhere, specify final location: \_\_\_\_\_

Disposal Date: 5-16-79

SIGNATURE OF DISPOSER OR AUTHORIZED AGENT AND TITLE

# HAZARDOUS WASTE MANIFEST

CUSTOMER: <b>INDUSTRIAL WASTE DISPOSAL</b>		TYPE OF SERVICE <input type="checkbox"/> BARRELS <input checked="" type="checkbox"/> TANK <input type="checkbox"/> OTHER		TYPE OF LIQUID <input type="checkbox"/> ACID <input type="checkbox"/> SOLVENT <input type="checkbox"/> OIL <input type="checkbox"/> CAUSTIC <input type="checkbox"/> CYANIDE <input checked="" type="checkbox"/> OTHER	
LOCATION: <b>Vandalia Ohio</b>		DISPOSAL FACILITY <input type="checkbox"/> I.W.D. <input type="checkbox"/> SYSTECH <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER		REMARKS: <b>Asbestos and water</b> <b>1 in 102 out 200</b>	
TRUCK NO.: <b>101</b>	DATE: <b>5-18-79</b>				
CONSIGNOR REPRESENTATIVE: <b>[Signature]</b>					
DISPOSAL FACILITY REPRESENTATIVE: <b>[Signature]</b>					
TANKAGE TRANSFER: GALLONS: _____ TANK NO.: _____		VOLUME BARRELS: _____ GALLONS: <b>2000</b>			

DISPOSAL COPY



**INDUSTRIAL WASTE DISPOSAL**  
MAIN OFFICE: 3975 WAGONER FORD RD.  
DAYTON, OHIO 45414  
(513) 278-0821

☒ **I.W.D. LIQUID WASTE**  
3106 SNYDER-DOMER RD.  
SPRINGFIELD, OHIO 45502  
(513) 969-8346

☐ **I.W.D. CHEMICAL DISPOSAL**  
133 TWIN BRIDGES RD.  
DANVILLE, INDIANA 46122  
(317) 745-2878

## HAZARDOUS WASTE MANIFEST

**A 5697**

### I. GENERATOR OF WASTE (Must be filled in by producer)

**INLAND MANUFACTURING**

Name (print or type): \_\_\_\_\_  
Pick up Address: **ENGLE ROAD VANDALIA, OHIO 45377**  
(NO.) (STREET) (CITY)  
Telephone Numbers: **227 8303** P. O. or Contract No. \_\_\_\_\_  
Order Placed By: **Blanket Order** Date: **5-18-79**  
Type of Industry (SIC No.): **MF6**  
Designated Disposal/Recovery Facility: **I W D SOUTH LANDFILL, Kettering OH**

### DESCRIPTION OF WASTE (Must be filled by producer)

Type of Waste: **asbestos & water**  
(Indicate disposal facility code numbers)

Bulk Volume: **2000** gallons \_\_\_\_\_ tons \_\_\_\_\_ cubic yards \_\_\_\_\_ other(specify) \_\_\_\_\_  
Containerized Waste: \_\_\_\_\_ drums \_\_\_\_\_ pallets \_\_\_\_\_ other \_\_\_\_\_  
Physical State (circle): solid **liquid** sludge other(specify) \_\_\_\_\_  
Hazardous Properties (circle): **none** toxic flammable water-reactive strong sensitizer corrosive or irritant  
air-reactive other(specify) \_\_\_\_\_

pH (circle): less than 3 greater than 10

Major Components:  
(Ex: Hydrochloric acid, lead, lime, crude oil)  
1. **Asbestos**  
2. **WATER**  
3. \_\_\_\_\_  
4. \_\_\_\_\_

Concentrations: (% or ppm)  
Upper Lower

Special Handling Instructions (if any): **NONE**

DOT Classifications: **non hazardous-----no placarding required**

Name of HAULER (print or type): **I W D LIQUID WASTE INC**  
Business address: **3106 Snyder Domer Road Springfield, Ohio 45502**  
(NO.) (STREET) (CITY)  
Telephone Number: **1 513 969 8346** Pick-up: \_\_\_\_\_ Times: \_\_\_\_\_ am pm

Waste Hauler's Permit No. (if applicable): \_\_\_\_\_

We certify that the described waste will be delivered to the disposal facility named above.

The HAULER shall retain Copy 2 after delivery.

**[Signature]**  
SIGNATURE OF HAULER OR AUTHORIZED AGENT AND TITLE

We certify that the above described waste was delivered to the hauler named herein for disposal at the site named above.

**SHIPPER'S CERTIFICATION:** This is to certify that the above named materials are properly classified, described, packaged, marked and labelled and are in proper condition for transportation according to the applicable regulations of the Department of Transportation.

DATE: **5-18-79** **[Signature]**  
SIGNATURE OF GENERATOR OR AUTHORIZED AGENT AND TITLE

The GENERATOR shall retain Copy 4 of this manifest after completing the GENERATOR and WASTE DESCRIPTION portions.

### II. DISPOSER OF WASTE (Must be filled in by disposer)

Name (print or type): \_\_\_\_\_  
Site Address: \_\_\_\_\_  
We certify that the hauler named above delivered the described waste to this disposal facility.  
Permit No. \_\_\_\_\_ Volume measured at site (if applicable): \_\_\_\_\_  
Treatment or Recovery Process (circle): Treatment Spreading Area SLF Area Other (specify): \_\_\_\_\_

If waste is to be held for disposal elsewhere, specify final location:

Disposal Date: **5-18-79** **[Signature]**  
SIGNATURE OF DISPOSER OR AUTHORIZED AGENT AND TITLE

CUSTOMER: <u>W. J. MFG.</u>		TYPE OF SERVICE <input type="checkbox"/> BARRELS <input checked="" type="checkbox"/> TANK <input type="checkbox"/> OTHER		TYPE OF LIQUID <input type="checkbox"/> ACID <input type="checkbox"/> SOLVENT <input type="checkbox"/> OIL <input type="checkbox"/> CAUSTIC <input type="checkbox"/> CYANIDE <input checked="" type="checkbox"/> OTHER	
LOCATION: <u>Wadsworth, Ohio</u>		DISPOSAL FACILITY <input type="checkbox"/> I.W.D. <input type="checkbox"/> SYSTECH <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER		REMARKS: <u>W. J. MFG.</u> <u>12.50</u> <u>-8.50</u>	
TRUCK NO.: <u>10001</u>	DATE: <u>5-22-79</u>				
CONSIGNOR REPRESENTATIVE: <u>[Signature]</u>					
DISPOSAL FACILITY REPRESENTATIVE: <u>Louis Hall</u>					
TANKAGE TRANSFER: GALLONS: _____ TANK NO.: _____		VOLUME BARRELS: _____ GALLONS: _____			

DISPOSAL COPY



INDUSTRIAL WASTE DISPOSAL  
MAIN OFFICE: 3973 WAGONER FORD RD.  
DAYTON, OHIO 45414  
(513) 278-0821

☒ I.W.D. LIQUID WASTE  
3106 SNYDER-DOMER RD.  
SPRINGFIELD, OHIO 45502  
(513) 969-8346

☐ I.W.D. CHEMICAL DISPOSAL  
133 TWIN BRIDGES RD.  
DANVILLE, INDIANA 46122  
(317) 745-2878

## HAZARDOUS WASTE MANIFEST

A 5748

## I. GENERATOR OF WASTE (Must be filled in by producer)

Name (print or type): INLAND MANUFACTURINGPick up Address: Engle Road Vandalia, Ohio 45377

(NO.) (STREET) (CITY)

Telephone Numbers: 227 8303 P. O. or Contract No. Blanket orderOrder Placed By: standing orderDate: 5-22-79Type of Industry (SIC No.): MFG.Designated Disposal/Recovery Facility: I W D SOLID WASTE, KETTERING, OH

## DESCRIPTION OF WASTE (Must be filled by producer)

Type of Waste: asbestos/water

(Indicate disposal facility code numbers)

Bulk Volume 2000 gallons \_\_\_\_\_ tons \_\_\_\_\_ cubic yards \_\_\_\_\_ other (specify) \_\_\_\_\_

Containerized Waste: \_\_\_\_\_ drums \_\_\_\_\_ pallets \_\_\_\_\_ other \_\_\_\_\_

Physical State (circle): solid liquid sludge other (specify) \_\_\_\_\_Hazardous Properties (circle): none toxic flammable water-reactive strong sensitizer corrosive or irritant

air-reactive other (specify) \_\_\_\_\_

pH (circle): less than 3 greater than 10

## Major Components:

(Ex: Hydrochloric acid, lead, lime, crude oil)

Concentrations: (% or ppm)

Upper Lower

1. Asbestos2. WATER

3. \_\_\_\_\_

4. \_\_\_\_\_

Special Handling Instructions (if any): NONEDOT Classifications: non hazardous-----no placarding requiredName of HAULER (print or type): I W D LIQUID WASTE INCBusiness address: 3106 Snyder Domer Road, Springfield, Ohio 45502

(NO.) (STREET) (CITY)

Telephone Number: 1 513 969 8346

Pick-up: \_\_\_\_\_ Times: \_\_\_\_\_ am pm

Waste Hauler's Permit No. (if applicable): \_\_\_\_\_

We certify that the described waste will be delivered to the disposal facility named above.

The HAULER shall retain Copy 2 after delivery.

[Signature]  
SIGNATURE OF HAULER OR AUTHORIZED AGENT AND TITLE

We certify that the above described waste was delivered to the hauler named herein for disposal at the site named above.

SHIPPER'S CERTIFICATION: This is to certify that the above named materials are properly classified, described, packaged, marked and labelled and are in proper condition for transportation according to the applicable regulations of the Department of Transportation.

DATE: 5-22-79[Signature]  
SIGNATURE OF GENERATOR OR AUTHORIZED AGENT AND TITLE

The GENERATOR shall retain Copy 4 of this manifest after completing the GENERATOR and WASTE DESCRIPTION portions.

## II. DISPOSER OF WASTE (Must be filled in by disposer)

Name (print or type): \_\_\_\_\_

Site Address: \_\_\_\_\_

We certify that the hauler named above delivered the described waste to this disposal facility.

Permit No. \_\_\_\_\_ Volume measured at site (if applicable): \_\_\_\_\_

Treatment or Recovery Process (circle): Treatment Spreading Area SLF Area Other (specify): \_\_\_\_\_

If waste is to be held for disposal elsewhere, specify final location: \_\_\_\_\_

Disposal Date: \_\_\_\_\_

[Signature]  
SIGNATURE OF DISPOSER OR AUTHORIZED AGENT AND TITLE

I.W.D. LIQUID WASTE INC.

10045

CUSTOMER: <b>VALDIA INC.</b> LOCATION: <b>VALDIA, OH</b>		TYPE OF SERVICE <input type="checkbox"/> BARRELS <input checked="" type="checkbox"/> TANK <input type="checkbox"/> OTHER	TYPE OF LIQUID <input type="checkbox"/> ACID <input type="checkbox"/> SOLVENT <input type="checkbox"/> OIL <input type="checkbox"/> CAUSTIC <input type="checkbox"/> CYANIDE <input checked="" type="checkbox"/> OTHER
TRUCK NO.: <b>606</b>	DATE: <b>5-23-79</b>	DISPOSAL FACILITY <input type="checkbox"/> I.W.D. <input type="checkbox"/> SYSTECH <input checked="" type="checkbox"/> LANDFILL <b>So</b> <input type="checkbox"/> OTHER	REMARKS: <b>IN HAZ - 8:00 AM</b> <b>OUT " - 8:30 AM</b> <b>ASBESTOS &amp; H<sub>2</sub>O</b> <b>DOT HAZ CLASS:</b> <b>[NOT LISTED]</b>
CONSIGNOR REPRESENTATIVE: <i>[Signature]</i>		DISPOSAL FACILITY REPRESENTATIVE: <i>[Signature]</i>	
TANKAGE TRANSFER: GALLONS: _____ TANK NO.: _____		VOLUME BARRELS _____ GALLONS <b>2000</b>	

DISPOSAL COPY



INDUSTRIAL WASTE DISPOSAL  
MAIN OFFICE: 3975 WAGONER FORD RD.  
DAYTON, OHIO 45414  
(513) 278-0821

☒ I.W.D. LIQUID WASTE  
3106 SNYDER-DOMER RD.  
SPRINGFIELD, OHIO 45502  
(513) 969-8346

☐ I.W.D. CHEMICAL DISPOSAL  
133 TWIN BRIDGES RD.  
DANVILLE, INDIANA 46122  
(317) 745-2878

## HAZARDOUS WASTE MANIFEST

A 2308

## I. GENERATOR OF WASTE (Must be filled in by producer)

Name (print or type): **INLAND MANUFACTURING**Pick up Address: **Engle Road** **Englewood, Ohio**  
(NO.) (STREET) (CITY)Telephone Numbers: **227 8303** P. O. or Contract No. \_\_\_\_\_Order Placed By: **Standing order** Date: **Daily**

Type of Industry (SIC No.): \_\_\_\_\_

Designated Disposal/Recovery Facility: **I W D** ~~XXXXXXXXXXXXXXXXXX~~ **Kettering, Oh**

## DESCRIPTION OF WASTE (Must be filled by producer)

Type of Waste: **asbestos/water**

(Indicate disposal facility code numbers)

Bulk Volume: **2000** gallons \_\_\_\_\_ tons \_\_\_\_\_ cubic yards \_\_\_\_\_ other (specify) \_\_\_\_\_

Containerized Waste: \_\_\_\_\_ drums \_\_\_\_\_ pallets \_\_\_\_\_ other \_\_\_\_\_

Physical State (circle): solid ☒ Liquid \_\_\_\_\_ sludge \_\_\_\_\_ other (specify) \_\_\_\_\_Hazardous Properties (circle): ☒ none \_\_\_\_\_ toxic \_\_\_\_\_ flammable \_\_\_\_\_ water-reactive \_\_\_\_\_ strong sensitizer \_\_\_\_\_ corrosive or irritant \_\_\_\_\_  
air-reactive \_\_\_\_\_ other (specify) \_\_\_\_\_

pH (circle): less than 3 \_\_\_\_\_ greater than 10 \_\_\_\_\_

## Major Components:

(Ex: Hydrochloric acid, lead, lime, crude oil)

Concentrations: (% or ppm)

Upper \_\_\_\_\_ Lower \_\_\_\_\_

1. **ASBESTOS DUST**2. **WATER**

3. \_\_\_\_\_

4. \_\_\_\_\_

Special Handling Instructions (if any): \_\_\_\_\_

JT Classifications: **non hazardous-----no placarding required**Name of HAULER (print or type): **I W D LIQUID WASTE INC**Business address: **3106 Snyder Domer Road, Springfield, Ohio 45502**  
(NO.) (STREET) (CITY)Telephone Number: **1 513 969 8346** Pick-up: \_\_\_\_\_ Times: **5-23-79: 8:00 am**

Waste Hauler's Permit No. (if applicable): \_\_\_\_\_

We certify that the described waste will be delivered to the disposal facility named above.

The HAULER shall retain Copy 3 after delivery.

SIGNATURE OF HAULER OR AUTHORIZED AGENT AND TITLE

We certify that the above described waste was delivered to the hauler named herein for disposal at the site named above.

SHIPPER'S CERTIFICATION: This is to certify that the above named materials are properly classified, described, packaged, marked and labelled and are in proper condition for transportation according to the applicable regulations of the Department of Transportation.

DATE: **5-23-** SIGNATURE OF GENERATOR OR AUTHORIZED AGENT AND TITLE

The GENERATOR shall retain Copy 2 of this manifest after completing the GENERATOR and WASTE DESCRIPTION portions.

## DISPOSER OF WASTE (Must be filled in by disposer)

Name (print or type): \_\_\_\_\_

Site Address: \_\_\_\_\_

We certify that the hauler named above delivered the described waste to this disposal facility.

Permit No. \_\_\_\_\_

Volume measured at site (if applicable): \_\_\_\_\_

Treatment or Recovery Process (circle): Treatment \_\_\_\_\_ Spreading Area \_\_\_\_\_ SLF Area \_\_\_\_\_ Other (specify): \_\_\_\_\_



CUSTOMER: <b>INLAND MFG</b>		TYPE OF SERVICE		TYPE OF LIQUID	
LOCATION: <b>VANDALIA, OHIO</b>		<input checked="" type="checkbox"/> BARRELS <input checked="" type="checkbox"/> TANK <input type="checkbox"/> OTHER		<input type="checkbox"/> ACID <input type="checkbox"/> SOLVENT <input type="checkbox"/> OIL <input type="checkbox"/> CAUSTIC <input type="checkbox"/> CYANIDE <input checked="" type="checkbox"/> OTHER	
TRUCK NO.: <b>616</b>	DATE: <b>3-5-79</b>	DISPOSAL FACILITY		REMARKS: <b>Asbestos &amp; H<sub>2</sub>O</b> <b>NOT CLASSIFIED</b> <b>TIME IN 5:44</b> <b>TIME OUT 6:22</b>	
CONSIGNOR REPRESENTATIVE: <b>Kerry L. Woodman</b>		<input checked="" type="checkbox"/> I.W.D. <input type="checkbox"/> SYSTECH <input type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER			
I.W.D. LIQUID WASTE:		VOLUME			
DISPOSAL FACILITY REPRESENTATIVE: <b>Louis Hall</b>		BARRELS _____ GALLONS <b>2000</b>			
TANKAGE TRANSFER:					
GALLONS: _____					
TANK NO.: _____					

DISPOSAL COPY



**INDUSTRIAL WASTE DISPOSAL**  
MAIN OFFICE: 3975 WAGONER FORD RD.  
DAYTON, OHIO 45414  
(513) 278-0821

☒ **I.W.D. LIQUID WASTE**  
3106 SNYDER-DOMER RD.  
SPRINGFIELD, OHIO 45502  
(513) 969-8346

☐ **I.W.D. CHEMICAL DISPOSAL**  
133 TWIN BRIDGES RD.  
DANVILLE, INDIANA 46122  
(317) 745-2878

## HAZARDOUS WASTE MANIFEST

**A 5210**

## I. GENERATOR OF WASTE (Must be filled in by producer)

Name (print or type): **INLAND**  
Pick up Address: **Engle Road, Vandalia, Ohio 45377**  
(NO.) (STREET) (CITY)  
Telephone Numbers: **445 8166** P. O. or Contract No. **MV 549536**  
Order Placed By: **Jerry Timms** Date: **3-5-79**  
Type of Industry (SIC No.): **MFG.**  
Designated Disposal/Recovery Facility: **IWD South Landfill, Cardington Road, Kettering**  
DESCRIPTION OF WASTE (Must be filled by producer)  
Type of Waste: **asbestos/water**  
(Indicate disposal facility code numbers)  
Bulk Volume: **2000** gallons \_\_\_\_\_ tons \_\_\_\_\_ cubic yards \_\_\_\_\_ other (specify) \_\_\_\_\_  
Containerized Waste: \_\_\_\_\_ drums \_\_\_\_\_ pallets \_\_\_\_\_ other \_\_\_\_\_  
Physical State (circle): solid liquid sludge other (specify) \_\_\_\_\_  
Hazardous Properties (circle): none toxic flammable water-reactive strong sensitizer corrosive or irritant  
air-reactive other (specify) \_\_\_\_\_

pH (circle): less than 3 greater than 10

Major Components:

(Ex: Hydrochloric acid, lead, lime, crude oil)

Concentrations: (% or ppm)  
Upper Lower

- asbestos**
- water**
- 
- 

Special Handling Instructions (if any): \_\_\_\_\_

T Classifications: **non hazardous, not listed**Name of HAULER (print or type): **I W D LIQUID WASTE INC**Business address: **3106 Snyder Domer Road, Springfield, Oh 45502**  
(NO.) (STREET) (CITY)Telephone Number: **513 969 8346** Pick-up: \_\_\_\_\_ Times: \_\_\_\_\_ am pm

Waste Hauler's Permit No. (if applicable): \_\_\_\_\_

We certify that the described waste will be delivered to the disposal facility named above.

The HAULER shall retain Copy 2 after delivery.

SIGNATURE OF HAULER OR AUTHORIZED AGENT AND TITLE

We certify that the above described waste was delivered to the hauler named herein for disposal at the site named above.

SHIPPER'S CERTIFICATION: This is to certify that the above named materials are properly classified, described, packaged, marked and labelled and are in proper condition for transportation according to the applicable regulations of the Department of Transportation.

DATE **3-5-79** SIGNATURE OF GENERATOR OR AUTHORIZED AGENT AND TITLE

The GENERATOR shall retain Copy 4 of this manifest after completing the GENERATOR and WASTE DESCRIPTION portions.

## DISPOSER OF WASTE (Must be filled in by disposer)

Name (print or type): \_\_\_\_\_

Site Address: \_\_\_\_\_

We certify that the hauler named above delivered the described waste to this disposal facility.

Permit No. \_\_\_\_\_ Volume measured at site (if applicable): \_\_\_\_\_

Treatment or Recovery Process (circle): Treatment Spreading Area SLF Area Other (specify): \_\_\_\_\_

If waste is to be held for disposal elsewhere, specify final location:

Disposal Date: \_\_\_\_\_

**Louis Hall**

BILL OF LADING

I.W.D. LIQUID WASTE INC.

16578

CUSTOMER: <u>INLAND PFG</u>		TYPE OF SERVICE <input type="checkbox"/> BARRELS <input checked="" type="checkbox"/> TANK <input type="checkbox"/> OTHER		TYPE OF LIQUID <input type="checkbox"/> ACID <input type="checkbox"/> SOLVENT <input type="checkbox"/> OIL <input type="checkbox"/> CAUSTIC <input type="checkbox"/> CYANIDE <input checked="" type="checkbox"/> OTHER	
LOCATION: <u>Vandalia, Ohio</u>		DISPOSAL FACILITY <input type="checkbox"/> I.W.D. <input type="checkbox"/> SYSTECH <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER		REMARKS: <u>Asbestos, water</u> <u>Not Classified</u> <u>TIME IN 1:13</u> <u>TIME OUT 1:50</u>	
TRUCK NO.: <u>016</u>	DATE: <u>3-7-79</u>	VOLUME BARRELS _____ GALLONS <u>200</u>			
CONSIGNOR REPRESENTATIVE: <u>[Signature]</u>		TANKAGE TRANSFER: GALLONS: _____ TANK NO.: _____			
I.W.D. LIQUID WASTE: <u>[Signature]</u>					
DISPOSAL FACILITY REPRESENTATIVE: <u>Louis Hall</u>					

DISPOSAL COPY



INDUSTRIAL WASTE DISPOSAL  
MAIN OFFICE: 3975 WAGONER FORD RD.  
DAYTON, OHIO 45414  
(513) 278-0821

☒ I.W.D. LIQUID WASTE  
3106 SNYDER-DOMER RD.  
SPRINGFIELD, OHIO 45502  
(513) 969-8346

☐ I.W.D. CHEMICAL DISPOSAL  
133 TWIN BRIDGES RD.  
DANVILLE, INDIANA 46122  
(317) 745-2878

HAZARDOUS WASTE MANIFEST

A 5222

I. GENERATOR OF WASTE (Must be filled in by producer)

Name (print or type): INLAND  
Pick up Address: Engle Road, Vandalia, Ohio  
(NO.) (STREET) (CITY)  
Telephone Numbers: 445 8166 P. O. or Contract No. mv #  
Jer Placed By: Jerry Timms Date: Wednesday

Type of Industry (SIC No.): \_\_\_\_\_  
Designated Disposal/Recovery Facility: IWD South Landfill

DESCRIPTION OF WASTE (Must be filled by producer)

Type of Waste: Asbestos  
(Indicate disposal facility code numbers)

Bulk Volume: 2000 gallons \_\_\_\_\_ tons \_\_\_\_\_ cubic yards \_\_\_\_\_ other (specify) \_\_\_\_\_

Containerized Waste: \_\_\_\_\_ drums \_\_\_\_\_ pallets \_\_\_\_\_ other \_\_\_\_\_

Physical State (circle): solid liquid sludge other (specify) \_\_\_\_\_

Hazardous Properties (circle): none toxic flammable water-reactive strong sensitizer corrosive or irritant  
air-reactive other (specify) \_\_\_\_\_

pH (circle): less than 3 greater than 10

Major Components:  
(Ex: Hydrochloric acid, lead, lime, crude oil)  
1. Asbestos  
2. Water  
3. \_\_\_\_\_  
4. \_\_\_\_\_

Concentrations: (% or ppm)  
Upper Lower

Special Handling Instructions (if any): NONE

DOT Classifications: Not Classified

Name of HAULER (print or type): IWD LIQUID WASTE INC  
Business address: 3106 Snyder Domer Road, Springfield, Ohio 45502  
(NO.) (STREET) (CITY)  
Telephone Number: 1 513 969 8346 Pick-up: \_\_\_\_\_ Times: \_\_\_\_\_ am pm

Waste Hauler's Permit No. (if applicable): \_\_\_\_\_

We certify that the described waste will be delivered to the disposal facility named above.

The HAULER shall retain Copy 2 after delivery. [Signature]  
SIGNATURE OF HAULER OR AUTHORIZED AGENT AND TITLE

We certify that the above described waste was delivered to the hauler named herein for disposal at the site named above.

SHIPPER'S CERTIFICATION: This is to certify that the above named materials are properly classified, described, packaged, marked and labelled and are in proper condition for transportation according to the applicable regulations of the Department of Transportation.  
3-7-79  
DATE SIGNATURE OF GENERATOR OR AUTHORIZED AGENT AND TITLE

The GENERATOR shall retain Copy 4 of this manifest after completing the GENERATOR and WASTE DESCRIPTION portions.

II. DISPOSER OF WASTE (Must be filled in by disposer)

Name (print or type): \_\_\_\_\_

Site Address: \_\_\_\_\_

We certify that the hauler named above delivered the described waste to this disposal facility.

Permit No. \_\_\_\_\_ Volume measured at site (if applicable): \_\_\_\_\_

Treatment or Recovery Process (circle): Treatment Spreading Area SLF Area Other (specify): \_\_\_\_\_

If waste is to be held for disposal elsewhere, specify final location: Louis Hall

Disposal Date: \_\_\_\_\_ SIGNATURE OF DISPOSER OR AUTHORIZED AGENT AND TITLE

CUSTOMER: <u>INLAND 115.</u>		TYPE OF SERVICE		TYPE OF LIQUID	
LOCATION: <u>VANDALIA, OHIO</u>		<input type="checkbox"/> BARRELS		<input type="checkbox"/> ACID	
		<input checked="" type="checkbox"/> TANK		<input type="checkbox"/> SOLVENT	
		<input type="checkbox"/> OTHER		<input type="checkbox"/> OIL	
TRUCK NO.: <u>601</u>	DATE: <u>3-9-77</u>	DISPOSAL FACILITY		<input type="checkbox"/> CAUSTIC	
CONSIGNOR REPRESENTATIVE:		<input type="checkbox"/> I.W.D.		<input type="checkbox"/> CYANIDE	
<u>[Signature]</u>		<input type="checkbox"/> SYSTECH		<input checked="" type="checkbox"/> OTHER	
DISPOSAL FACILITY REPRESENTATIVE:		<input checked="" type="checkbox"/> LANDFILL		REMARKS: <u>Asbestos Water</u>	
<u>[Signature]</u>		<input type="checkbox"/> OTHER		<u>Not Classified</u>	
TANKAGE TRANSFER:		VOLUME		<u>TIME IN 4:12</u>	
GALLONS: _____		BARRELS _____		<u>TIME OUT 4:46</u>	
TANK NO.: _____		GALLONS <u>2000</u>			

DISPOSAL COPY



INDUSTRIAL WASTE DISPOSAL  
MAIN OFFICE: 3975 WAGONER FORD RD.  
DAYTON, OHIO 45414  
(513) 278-0821

☒ I.W.D. LIQUID WASTE  
3106 SNYDER-DOMER RD.  
SPRINGFIELD, OHIO 45502  
(513) 969-8346

☐ I.W.D. CHEMICAL DISPOSAL  
133 TWIN BRIDGES RD.  
DANVILLE, INDIANA 46122  
(317) 745-2878

## HAZARDOUS WASTE MANIFEST

A 5244

## I. GENERATOR OF WASTE (Must be filled in by producer)

Name (print or type): INLAND MANUFACTURING  
Pick up Address: GLE ROAD VANDALIA, OHIO 45377  
(NO.) (STREET) (CITY)  
Telephone Numbers: 445 8166 P. O. or Contract No. WV 549536  
Waste Placed By: JERRY TIMMS Date: \_\_\_\_\_  
Type of Industry (SIC No.): \_\_\_\_\_  
Designated Disposal/Recovery Facility: IWD SOUTH LANDFILL, DAYTON, OHIO  
DESCRIPTION OF WASTE (Must be filled by producer)  
Type of Waste: asbestos and water  
(Indicate disposal facility code numbers)  
\_\_\_\_\_  
\_\_\_\_\_  
Bulk Volume: \_\_\_\_\_ gallons \_\_\_\_\_ tons \_\_\_\_\_ cubic yards \_\_\_\_\_ other (specify) \_\_\_\_\_  
Containerized Waste: \_\_\_\_\_ drums \_\_\_\_\_ pallets \_\_\_\_\_ other \_\_\_\_\_  
Physical State (circle): solid liquid sludge other (specify) \_\_\_\_\_  
Hazardous Properties (circle): none toxic flammable water-reactive strong sensitizer corrosive or irritant  
air-reactive other (specify) \_\_\_\_\_  
pH (circle): less than 3 greater than 10  
Major Components: \_\_\_\_\_ Concentrations: (% or ppm)  
(Ex: Hydrochloric acid, lead, lime, crude oil) Upper Lower  
1. \_\_\_\_\_  
2. \_\_\_\_\_  
3. \_\_\_\_\_  
4. \_\_\_\_\_  
Special Handling Instructions (if any): \_\_\_\_\_

DOT Classifications: non hazardous no placarding required  
Name of HAULER (print or type): I W D LIQUID WASTE INC  
Business address: 3106 Snyder Domer Road, Springfield, Ohio 45502  
(NO.) (STREET) (CITY)  
Telephone Number: 513 845 9178 Pick-up: \_\_\_\_\_ Times: \_\_\_\_\_ am pm

Waste Hauler's Permit No. (if applicable): \_\_\_\_\_

We certify that the described waste will be delivered to the disposal facility named above.

The HAULER shall retain Copy 2 after delivery. [Signature]  
SIGNATURE OF HAULER OR AUTHORIZED AGENT AND TITLE

We certify that the above described waste was delivered to the hauler named herein for disposal at the site named above.

SHIPPER'S CERTIFICATION: This is to certify that the above named materials are properly classified, described, packaged, marked and labelled and are in proper condition for transportation according to the applicable regulations of the Department of Transportation. 3-9-77DATE 3-9-77 [Signature]  
SIGNATURE OF GENERATOR OR AUTHORIZED AGENT AND TITLE

The GENERATOR shall retain Copy 4 of this manifest after completing the GENERATOR and WASTE DESCRIPTION portions.

## II. DISPOSER OF WASTE (Must be filled in by disposer)

Name (print or type): \_\_\_\_\_  
Address: \_\_\_\_\_

We certify that the hauler named above delivered the described waste to this disposal facility.

Permit No. \_\_\_\_\_ Volume measured at site (if applicable): \_\_\_\_\_

Treatment or Recovery Process (circle): Treatment Spreading Area SLF Area Other (specify): \_\_\_\_\_If waste is to be held for disposal elsewhere, specify final location: [Signature]

Disposal Date: \_\_\_\_\_ SIGNATURE OF DISPOSER OR AUTHORIZED AGENT AND TITLE

BILL OF LADING

I.W.D. LIQUID WASTE INC.

10081

CUSTOMER: <b>WANDA MFG.</b>		TYPE OF SERVICE		TYPE OF LIQUID	
LOCATION: <b>VANDALIA OHIO</b>		<input type="checkbox"/> BARRELS		<input type="checkbox"/> ACID	
TRUCK NO.: <b>601</b>		<input checked="" type="checkbox"/> TANK		<input type="checkbox"/> SOLVENT	
DATE: <b>3-9-79</b>		<input type="checkbox"/> OTHER		<input type="checkbox"/> OIL	
CONSIGNOR REPRESENTATIVE: <i>[Signature]</i>		DISPOSAL FACILITY		<input type="checkbox"/> CAUSTIC	
I.W.D. LIQUID WASTE:		<input type="checkbox"/> I.W.D.		<input type="checkbox"/> CYANIDE	
DISPOSAL FACILITY REPRESENTATIVE: <i>[Signature]</i>		<input type="checkbox"/> SYSTECH		<input checked="" type="checkbox"/> OTHER	
TANKAGE TRANSFER:		<input checked="" type="checkbox"/> LANDFILL		REMARKS: <b>Asbestos WATER</b>	
GALLONS:		<input type="checkbox"/> OTHER		<b>Not CLASSIFIED</b>	
TANK NO.:		VOLUME		<b>TIME IN 11:13</b>	
		BARRELS		<b>TIME OUT 12:20</b>	
		GALLONS <b>2000</b>			

DISPOSAL COPY



INDUSTRIAL WASTE DISPOSAL  
MAIN OFFICE: 3975 WAGONER FORD RD.  
DAYTON, OHIO 45414  
(513) 278-0821

☒ I.W.D. LIQUID WASTE  
3106 SNYDER-DOMER RD.  
SPRINGFIELD, OHIO 45502  
(513) 969-8346

☐ I.W.D. CHEMICAL DISPOSAL  
133 TWIN BRIDGES RD.  
DANVILLE, INDIANA 46122  
(317) 745-2878

## HAZARDOUS WASTE MANIFEST

A 5243

## I. GENERATOR OF WASTE (Must be filled in by producer)

Name (print or type): **INLAND MANUFACTURING**Pick up Address: **ENGLE ROAD VANDALIA, OHIO**  
(NO.) (STREET) (CITY)Telephone Numbers: **445 8166** P. O. or Contract No. **MV 549536**Order Placed By: **Jerry Timms**

Date:

Type of Industry (SIC No.):

Designated Disposal/Recovery Facility: **IWD SOUTH LANDFILL, DAYTON, OHIO**

## DESCRIPTION OF WASTE (Must be filled by producer)

Type of Waste: **asbestos/Water**

(Indicate disposal facility code numbers)

Bulk Volume: \_\_\_\_\_ gallons \_\_\_\_\_ tons \_\_\_\_\_ cubic yards \_\_\_\_\_ other (specify) \_\_\_\_\_

Containerized Waste: \_\_\_\_\_ drums \_\_\_\_\_ pallets \_\_\_\_\_ other \_\_\_\_\_

Physical State (circle): solid liquid sludge other (specify) \_\_\_\_\_

Hazardous Properties (circle): none toxic flammable water-reactive strong sensitizer corrosive or irritant  
air-reactive other (specify) \_\_\_\_\_

pH (circle): less than 3 greater than 10

Major Components:

(Ex: Hydrochloric acid, lead, lime, crude oil)

Concentrations: (% or ppm)

Upper

Lower

1. \_\_\_\_\_  
2. \_\_\_\_\_  
3. \_\_\_\_\_  
4. \_\_\_\_\_

Special Handling Instructions (if any):

Hazard Classifications: **non hazardous - no placarding required.....**Name of HAULER (print or type): **I W D LIQUID WASTE INC**Business address: **3106 Snyder Domer Road, Springfield, Ohio 45502**  
(NO.) (STREET) (CITY)Telephone Number: **1 845 9178** Pick-up: \_\_\_\_\_ Times: \_\_\_\_\_ am pm

Waste Hauler's Permit No. (if applicable):

We certify that the described waste will be delivered to the disposal facility named above.

The HAULER shall retain Copy 2 after delivery.

SIGNATURE OF HAULER OR AUTHORIZED AGENT AND TITLE

We certify that the above described waste was delivered to the hauler named herein for disposal at the site named above.

SHIPPER'S CERTIFICATION: This is to certify that the above named materials are properly classified, described, packaged, marked and labelled and are in proper condition for transportation according to the applicable regulations of the Department of Transportation.

DATE

SIGNATURE OF GENERATOR OR AUTHORIZED AGENT AND TITLE

The GENERATOR shall retain Copy 4 of this manifest after completing the GENERATOR and WASTE DESCRIPTION portions.

## DISPOSER OF WASTE (Must be filled in by disposer)

Name (print or type):

Site Address:

We certify that the hauler named above delivered the described waste to this disposal facility.

Permit No. \_\_\_\_\_ Volume measured at site (if applicable):

Treatment or Recovery Process (circle): Treatment **Spreading Area** SLF Area Other (specify):

If waste is to be held for disposal elsewhere, specify final location:

Disposal Date:

SIGNATURE OF DISPOSER OR AUTHORIZED AGENT AND TITLE

## I.W.D. LIQUID WASTE INC.

10004

CUSTOMER: <u>T. W. D. LIQUID WASTE INC.</u>		TYPE OF SERVICE <input type="checkbox"/> BARRELS <input checked="" type="checkbox"/> TANK <input type="checkbox"/> OTHER		TYPE OF LIQUID <input type="checkbox"/> ACID <input type="checkbox"/> SOLVENT <input type="checkbox"/> OIL <input type="checkbox"/> CAUSTIC <input type="checkbox"/> CYANIDE <input checked="" type="checkbox"/> OTHER	
TRUCK NO.: <u>601</u> DATE: <u>3-11-79</u>		DISPOSAL FACILITY <input type="checkbox"/> I.W.D. <input type="checkbox"/> SYSTECH <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER		REMARKS: <u>TIME 1:10</u> <u>TIME 1:30</u>	
CONSIGNOR REPRESENTATIVE:					
I.W.D. LIQUID WASTE: <u>Ken L. Barker</u>					
DISPOSAL FACILITY REPRESENTATIVE: <u>Louis Hall</u>					
TANKAGE TRANSFER:		VOLUME BARRELS GALLONS <u>2000</u>			
GALLONS:					
TANK NO.:					

DISPOSAL COPY



INDUSTRIAL WASTE DISPOSAL  
MAIN OFFICE: 3975 WAGONER FORD RD.  
DAYTON, OHIO 45414  
(513) 278-0821

☒ I.W.D. LIQUID WASTE  
3106 SNYDER-DOMER RD.  
SPRINGFIELD, OHIO 45502  
(513) 969-8346

☐ I.W.D. CHEMICAL DISPOSAL  
133 TWIN BRIDGES RD.  
DANVILLE, INDIANA 46122  
(317) 745-2878

## HAZARDOUS WASTE MANIFEST

A 5245

## I. GENERATOR OF WASTE (Must be filled in by producer)

Name (print or type): INLAND MANUFACTURINGPick up Address: Engle Road, Vandalia, Ohio 45377  
(NO.) (STREET) (CITY)Phone Numbers: 445 8166 P. O. or Contract No. MV549536Order Placed By: Jerry Timms Date: SUNDAYType of Industry (SIC No.): MFGDesignated Disposal/Recovery Facility: IWD Southland Fill

## DESCRIPTION OF WASTE (Must be filled by producer)

Type of Waste: Asbestos/water

(Indicate disposal facility code numbers)

Bulk Volume: 2000 gallons \_\_\_\_\_ tons \_\_\_\_\_ cubic yards \_\_\_\_\_ other (specify) \_\_\_\_\_

Containerized Waste: \_\_\_\_\_ drums \_\_\_\_\_ pallets \_\_\_\_\_ other \_\_\_\_\_

Physical State (circle): solid liquid sludge other (specify) \_\_\_\_\_Hazardous Properties (circle): none toxic flammable water-reactive strong sensitizer corrosive or irritant  
air-reactive other (specify) \_\_\_\_\_

pH (circle): less than 3 greater than 10

## Major Components:

(Ex: Hydrochloric acid, lead, lime, crude oil)

1. ASBESTOS WATER

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

Special Handling Instructions (if any): NONEClassifications: non hazardous no placarding requiredName of HAULER (print or type): I W D LIQUID WASTE INCBusiness address: 3106 Snyder Domer Road, Springfield, Ohio 45502  
(NO.) (STREET) (CITY)Telephone Number: 513 845 9178

Pick-up: \_\_\_\_\_ Times: \_\_\_\_\_ am pm

Waste Hauler's Permit No. (if applicable): \_\_\_\_\_

We certify that the described waste will be delivered to the disposal facility named above.

The HAULER shall retain Copy 2 after delivery.

SIGNATURE OF HAULER OR AUTHORIZED AGENT AND TITLE

We certify that the above described waste was delivered to the hauler named herein for disposal at the site named above.

SHIPPER'S CERTIFICATION: This is to certify that the above named materials are properly classified, described, packaged, marked and labelled and are in proper condition for transportation according to the applicable regulations of the Department of Transportation.

DATE: 3-11-79

SIGNATURE OF GENERATOR OR AUTHORIZED AGENT AND TITLE

The GENERATOR shall retain Copy 4 of this manifest after completing the GENERATOR and WASTE DESCRIPTION portions.

## DISPOSER OF WASTE (Must be filled in by disposer)

Name (print or type): \_\_\_\_\_

Site Address: \_\_\_\_\_

We certify that the hauler named above delivered the described waste to this disposal facility.

Permit No. \_\_\_\_\_ Volume measured at site (if applicable): \_\_\_\_\_

Treatment or Recovery Process (circle): Treatment Spreading Area SLF Area Other (specify): \_\_\_\_\_

If waste is to be held for disposal elsewhere, specify final location: \_\_\_\_\_

Disposal Date: \_\_\_\_\_ SIGNATURE OF DISPOSER OR AUTHORIZED AGENT AND TITLE

CUSTOMER: <b>INLAND MFG.</b> <b>VANDALIA Ohio</b>		TYPE OF SERVICE <input type="checkbox"/> BARRELS <input checked="" type="checkbox"/> TANK <input type="checkbox"/> OTHER		TYPE OF LIQUID <input type="checkbox"/> ACID <input type="checkbox"/> SOLVENT <input type="checkbox"/> OIL <input type="checkbox"/> CAUSTIC <input type="checkbox"/> CYANIDE <input checked="" type="checkbox"/> ASBESTOS WATER <input type="checkbox"/> OTHER	
TRUCK NO.: <b>1001</b>	DATE: <b>3-13-79</b>	DISPOSAL FACILITY <input type="checkbox"/> I.W.D. <input type="checkbox"/> SYSTECH <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER		DISPOSAL COPY REMARKS: <b>NON-HAZARDOUS</b> <b>TIME IN 5:27</b> <b>TIME OUT 4:00</b>	
CONSIGNOR REPRESENTATIVE: <b>[Signature]</b>		VOLUME BARRELS _____ GALLONS <b>2000</b>			
DISPOSAL FACILITY REPRESENTATIVE: <b>[Signature]</b>					
TANKAGE TRANSFER: GALLONS: _____ TANK NO.: _____					



**INDUSTRIAL WASTE DISPOSAL**  
MAIN OFFICE: 3975 WAGONER FORD RD.  
DAYTON, OHIO 45414  
(513) 278-0821

☒ **I.W.D. LIQUID WASTE**  
3106 SNYDER-DOMER RD.  
SPRINGFIELD, OHIO 45502  
(513) 969-8346

☐ **I.W.D. CHEMICAL DISPOSAL**  
133 TWIN BRIDGES RD.  
DANVILLE, INDIANA 46122  
(317) 745-2878

### HAZARDOUS WASTE MANIFEST

**A 5263**

**I. GENERATOR OF WASTE (Must be filled in by producer)**

Name (print or type): **INLAND MANUFACTURING**  
Pick up Address: **ENGLE ROAD VANDALIA, OHIO 45377**

(NO.) (STREET) (CITY)  
Phone Numbers: **445 8166** P. O. or Contract No. **Blanket Order**

Order Placed By: **Jerry Timms** Date: \_\_\_\_\_  
Type of Industry (SIC No.): \_\_\_\_\_

Designated Disposal/Recovery Facility: **I W D SOUTH LANDFILL, DAYTON, OHIO**

**DESCRIPTION OF WASTE (Must be filled by producer)**

Type of Waste: **ASBESTOS/ water**  
(Indicate disposal facility code numbers)

Bulk Volume: **2000** gallons \_\_\_\_\_ tons \_\_\_\_\_ cubic yards \_\_\_\_\_ other(specify) \_\_\_\_\_

Containerized Waste: \_\_\_\_\_ drums \_\_\_\_\_ pallets \_\_\_\_\_ other \_\_\_\_\_

Physical State (circle): solid **liquid** sludge other(specify) \_\_\_\_\_

Hazardous Properties (circle): **none** toxic flammable water-reactive strong sensitizer corrosive or irritant  
air-reactive other(specify) \_\_\_\_\_

pH (circle): less than 3 greater than 10

Major Components: \_\_\_\_\_ Concentrations: (% or ppm)  
(Ex: Hydrochloric acid, lead, lime, crude oil) Upper Lower

- asbestos**
- water**
- 
- 

Special Handling Instructions (if any): \_\_\_\_\_

DOT Classifications: **NON HAZARDOUS-----No placarding required**

Name of HAULER (print or type): **I W D LIQUID WASTE INC**

Business address: **3106 Snyder Domer Road, Springfield, Ohio 45502**  
(NO.) (STREET) (CITY)

Telephone Number: **1 845 9178** Pick-up: \_\_\_\_\_ Times: \_\_\_\_\_ am pm

Waste Hauler's Permit No. (if applicable): \_\_\_\_\_

We certify that the described waste will be delivered to the disposal facility named above.

The HAULER shall retain Copy 2 after delivery.

**[Signature]**  
SIGNATURE OF HAULER OR AUTHORIZED AGENT AND TITLE

We certify that the above described waste was delivered to the hauler named herein for disposal at the site named above.

**SHIPPER'S CERTIFICATION:** This is to certify that the above named materials are properly classified, described, packaged, marked and labelled and are in proper condition for transportation according to the applicable regulations of the Department of Transportation. **3-13-79**

DATE **3-13-79** **[Signature]**  
SIGNATURE OF GENERATOR OR AUTHORIZED AGENT AND TITLE

The GENERATOR shall retain Copy 4 of this manifest after completing the GENERATOR and WASTE DESCRIPTION portions.

**II. DISPOSER OF WASTE (Must be filled in by disposer)**

Name (print or type): \_\_\_\_\_

Site Address: \_\_\_\_\_

We certify that the hauler named above delivered the described waste to this disposal facility.

Permit No. \_\_\_\_\_ Volume measured at site (if applicable): \_\_\_\_\_

Treatment or Recovery Process (circle): Treatment **Spreading Area** SLF Area Other (specify): \_\_\_\_\_

If waste is to be held for disposal elsewhere, specify final location: \_\_\_\_\_

Disposal Date: \_\_\_\_\_ **[Signature]**  
SIGNATURE OF DISPOSER OR AUTHORIZED AGENT AND TITLE

I.W.D. LIQUID WASTE INC.

10031

CUSTOMER <u>T. J. MFG.</u>		TYPE OF SERVICE <input checked="" type="checkbox"/> BARRELS <input checked="" type="checkbox"/> TANK <input type="checkbox"/> OTHER		TYPE OF LIQUID <input type="checkbox"/> ACID <input type="checkbox"/> SOLVENT <input type="checkbox"/> OIL <input type="checkbox"/> CAUSTIC <input type="checkbox"/> CYANIDE <input checked="" type="checkbox"/> OTHER	
TQN: <u>1000</u>		DISPOSAL FACILITY <input type="checkbox"/> I.W.D. <input type="checkbox"/> SYSTECH <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER		REMARKS: <u>Asbestos WATER</u> <u>NON-HEAVY</u> <u>TIME 1:40</u> <u>11 out 2:20</u>	
TRUCK NO.: <u>01</u>	DATE: <u>3-14-79</u>	VOLUME BARRELS GALLONS <u>2000</u>			
CONSIGNOR REPRESENTATIVE <u>[Signature]</u>		DISPOSAL FACILITY REPRESENTATIVE: <u>[Signature]</u>			
TANKAGE TRANSFER: GALLONS: _____ TANK NO.: _____					

DISPOSAL COPY



**TRIAL WASTE DISPOSAL**  
MAIN OFFICE: 3975 WAGONER FORD RD.  
DAYTON, OHIO 45414  
(513) 278-0821

☒ **I.W.D. LIQUID WASTE**  
3106 SNYDER-DOMER RD.  
SPRINGFIELD, OHIO 45502  
(513) 969-8346

☐ **I.W.D. CHEMICAL DISPOSAL**  
133 TWIN BRIDGES RD.  
DANVILLE, INDIANA 46122  
(317) 745-2878

## HAZARDOUS WASTE MANIFEST

**A 5283**

## I. GENERATOR OF WASTE (Must be filled in by producer)

Name (print or type): INLAND MANUFACTURINGPick up Address: ENGLE ROAD VANDALIA, Ohio 45377

(NO.) (STREET) (CITY)

Phone Numbers: 445 8303 P. O. or Contract No. BlanketPlaced By: Jerry Timms

Date: \_\_\_\_\_

Type of Industry (SIC No.): \_\_\_\_\_

Designated Disposal/Recovery Facility: END SOUTH LANDFILL, DAYTON, OHIO

## DESCRIPTION OF WASTE (Must be filled by producer)

Type of Waste: asbestos & WATER

(Indicate disposal facility code numbers)

Bulk Volume: 2000 gallons \_\_\_\_\_ tons \_\_\_\_\_ cubic yards \_\_\_\_\_ other (specify) \_\_\_\_\_

Containerized Waste: \_\_\_\_\_ drums \_\_\_\_\_ pallets \_\_\_\_\_ other \_\_\_\_\_

Physical State (circle): solid

liquid

sludge other (specify) \_\_\_\_\_

Hazardous Properties (circle):

none

toxic

flammable

water-reactive

strong sensitizer

corrosive or irritant

air-reactive

other (specify) \_\_\_\_\_

pH (circle): less than 3 greater than 10

Major Components:

(Ex: Hydrochloric acid, lead, lime, crude oil)

Concentrations: (% or ppm)

Upper

Lower

1. Asbestos2. WATER

3. \_\_\_\_\_

4. \_\_\_\_\_

Special Handling Instructions (if any): NONEDOT Classifications: NON HAZARDOUS No Placarding requiredName of HAULER (print or type): I W D LIQUID WASTE, INCBusiness address: 3106 Snyder Domer Road, ---Springfield, Ohio 45502

(NO.) (STREET) (CITY)

Telephone Number: 1 969 8346

Pick-up: \_\_\_\_\_

Times: \_\_\_\_\_

am  
pm

Waste Hauler's Permit No. (if applicable): \_\_\_\_\_

We certify that the described waste will be delivered to the disposal facility named above.

The HAULER shall retain Copy 2 after delivery.

SIGNATURE OF HAULER OR AUTHORIZED AGENT AND TITLE

We certify that the above described waste was delivered to the hauler named herein for disposal at the site named above.

SHIPPER'S CERTIFICATION: This is to certify that the above named materials are properly classified, described, packaged, marked and labelled and are in proper condition for transportation according to the applicable regulations of the Department of Transportation.

DATE

3-14-79

SIGNATURE OF GENERATOR OR AUTHORIZED AGENT AND TITLE

The GENERATOR shall retain Copy 2 of this manifest after completing the GENERATOR and WASTE DESCRIPTION portions.

## DISPOSER OF WASTE (Must be filled in by disposer)

Name (print or type): \_\_\_\_\_

Site Address: \_\_\_\_\_

We certify that the hauler named above delivered the described waste to this disposal facility.

Permit No. \_\_\_\_\_

Volume measured at site (if applicable): \_\_\_\_\_

Treatment or Recovery Process (circle): Treatment Spreading Area SLF Area Other (specify): \_\_\_\_\_

If waste is to be held for disposal elsewhere, specify final location: \_\_\_\_\_

Disposal Date: \_\_\_\_\_

SIGNATURE OF DISPOSER OR AUTHORIZED AGENT AND TITLE

CUSTOMER: <b>IWD LIQUID WASTE INC.</b>		TYPE OF SERVICE <input type="checkbox"/> BARRELS <input checked="" type="checkbox"/> TANK <input type="checkbox"/> OTHER		TYPE OF LIQUID <input type="checkbox"/> ACID <input type="checkbox"/> SOLVENT <input type="checkbox"/> OIL <input type="checkbox"/> CAUSTIC <input type="checkbox"/> CYANIDE <input checked="" type="checkbox"/> OTHER	
TRUCK NO.: <b>604</b>		DATE: <b>3-15-79</b>		DISPOSAL FACILITY <input type="checkbox"/> I.W.D. <input type="checkbox"/> SYSTECH <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER	
CONSIGNOR REPRESENTATIVE: <b>[Signature]</b>		VOLUME BARRELS GALLONS <b>2000</b>		REMARKS: <b>Asbestos water</b> <b>NR-H-2-43</b> <b>TIME 11:250</b> <b>11:45:00</b>	
I.W.D. LIQUID WASTE: <b>[Signature]</b>		DISPOSAL FACILITY REPRESENTATIVE: <b>[Signature]</b>		DISPOSAL COPY	
TANKAGE TRANSFER:					
GALLONS:					
TANK NO.:					



**INDUSTRIAL WASTE DISPOSAL**  
MAIN OFFICE: 3975 WAGONER FORD RD.  
DAYTON, OHIO 45414  
(513) 278-0821

☒ **I.W.D. LIQUID WASTE**  
3106 SNYDER-DOMER RD.  
SPRINGFIELD, OHIO 45502  
(513) 969-8346

☐ **I.W.D. CHEMICAL DISPOSAL**  
133 TWIN BRIDGES RD.  
DANVILLE, INDIANA 46122  
(317) 745-2878

### HAZARDOUS WASTE MANIFEST

**A 5292**

#### I. GENERATOR OF WASTE (Must be filled in by producer)

Name (print or type): **INLAND MANUFACTURING**  
Pick up Address: **ENGLE ROAD, VANDALIA, OHIO 45377**  
(NO.) (STREET) (CITY)  
Telephone Numbers: **445 8303** P. O. or Contract No. **Blanket**  
Placed By: **Jerry Timms** Date: **3-15-79**  
Type of Industry (SIC No.):

Designated Disposal/Recovery Facility: **I W D SOUTH LANDFILL DAYTON, OHIO**

#### DESCRIPTION OF WASTE (Must be filled by producer)

Type of Waste: **asbestos and water**  
(Indicate disposal facility code numbers)

Bulk Volume: **2000** gallons \_\_\_\_\_ tons \_\_\_\_\_ cubic yards \_\_\_\_\_ other(specify) \_\_\_\_\_

Containerized Waste: \_\_\_\_\_ drums \_\_\_\_\_ pallets \_\_\_\_\_ other \_\_\_\_\_

Physical State (circle): solid **liquid** sludge other(specify) \_\_\_\_\_

Hazardous Properties (circle): **none** toxic flammable water-reactive strong sensitizer corrosive or irritant  
air-reactive other(specify) \_\_\_\_\_

pH (circle): less than 3 greater than 10

Major Components: (Ex: Hydrochloric acid, lead, lime, crude oil) Concentrations: (% or ppm)  
Upper Lower

1. **Asbestos**  
2. **WATER**  
3. \_\_\_\_\_  
4. \_\_\_\_\_

Special Handling Instructions (if any): **NONE**

DOT Classifications: **non hazardous-----no placarding required**

Name of HAULER (print or type): **I W D LIQUID WASTE INC**  
Business address: **3106 Snyder Domer Road, Springfield, Ohio 45502**  
(NO.) (STREET) (CITY)

Telephone Number: **1 845 9178** Pick-up: \_\_\_\_\_ Times: \_\_\_\_\_ am pm

Waste Hauler's Permit No. (if applicable): \_\_\_\_\_

We certify that the described waste will be delivered to the disposal facility named above.

The HAULER shall retain Copy 2 after delivery.

**[Signature]**  
SIGNATURE OF HAULER OR AUTHORIZED AGENT AND TITLE

We certify that the above described waste was delivered to the hauler named herein for disposal at the site named above.

SHIPPER'S CERTIFICATION: This is to certify that the above named materials are properly classified, described, packaged, marked and labelled and are in proper condition for transportation according to the applicable regulations of the Department of Transportation. **3-15-79**

DATE **3-15-79** SIGNATURE OF GENERATOR OR AUTHORIZED AGENT AND TITLE **[Signature]**

The GENERATOR shall retain Copy 4 of this manifest after completing the GENERATOR and WASTE DESCRIPTION portions.

#### DISPOSER OF WASTE (Must be filled in by disposer)

Name (print or type): \_\_\_\_\_

Site Address: \_\_\_\_\_

We certify that the hauler named above delivered the described waste to this disposal facility.

Permit No. \_\_\_\_\_ Volume measured at site (if applicable): \_\_\_\_\_

Treatment or Recovery Process (circle): Treatment **Spreading Area** SLF Area Other (specify): \_\_\_\_\_

If waste is to be held for disposal elsewhere, specify final location: \_\_\_\_\_

Disposal Date: \_\_\_\_\_ SIGNATURE OF DISPOSER OR AUTHORIZED AGENT AND TITLE **[Signature]**



CUSTOMER: <u>INLAND MFG</u>		TYPE OF SERVICE <input type="checkbox"/> BARRELS <input checked="" type="checkbox"/> TANK <input type="checkbox"/> OTHER	TYPE OF LIQUID <input type="checkbox"/> ACID <input type="checkbox"/> SOLVENT <input type="checkbox"/> OIL <input type="checkbox"/> CAUSTIC <input type="checkbox"/> CYANIDE <input checked="" type="checkbox"/> OTHER
TRUCK NO.: <u>8601</u>	DATE: <u>3-15-79</u>	DISPOSAL FACILITY <input type="checkbox"/> I.W.D. <input type="checkbox"/> SYSTECH <input type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER	DISPOSAL COPY <u>Asbestos water</u> REMARKS: <u>NON-HAZARDOUS</u> <u>TIME IN 12:59</u> <u>11:30</u>
CONSIGNOR REPRESENTATIVE: <u>[Signature]</u>		VOLUME BARRELS _____ GALLONS <u>2000</u>	
L.W.D./LIQUID WASTE: <u>Kerry L. Woodham</u>			
DISPOSAL FACILITY REPRESENTATIVE: <u>Lois Hall</u>			
TANKAGE TRANSFER: GALLONS: _____ TANK NO.: _____			



INDUSTRIAL WASTE DISPOSAL  
MAIN OFFICE: 3975 WAGONER FORD RD.  
DAYTON, OHIO 45414  
(513) 278-0821

☒ I.W.D. LIQUID WASTE  
3106 SNYDER-DOMER RD.  
SPRINGFIELD, OHIO 45502  
(513) 969-8346

☐ I.W.D. CHEMICAL DISPOSAL  
133 TWIN BRIDGES RD.  
DANVILLE, INDIANA 46122  
(317) 745-2878

### HAZARDOUS WASTE MANIFEST

**A 5293**

#### I. GENERATOR OF WASTE (Must be filled in by producer)

Name (print or type): INLAND MANUFACTURING  
Pick up Address: Engle Road Vandalia, Ohio 45377  
(NO.) (STREET) (CITY)  
Telephone Numbers: 445 8303 P. O. or Contract No. Blanket Order  
Order Placed By: Jerry Timms Date: 3-15-79  
Code of Industry (SIC No.): MFG.  
Designated Disposal/Recovery Facility: IWD SOUTH LANDFILL DAYTON, OHIO

#### DESCRIPTION OF WASTE (Must be filled by producer)

Type of Waste: asbestos and water  
(Indicate disposal facility code numbers)  
Bulk Volume: 2000 gallons \_\_\_\_\_ tons \_\_\_\_\_ cubic yards \_\_\_\_\_ other (specify) \_\_\_\_\_  
Containerized Waste: \_\_\_\_\_ drums \_\_\_\_\_ pallets \_\_\_\_\_ other \_\_\_\_\_  
Physical State (circle): solid liquid sludge other (specify) \_\_\_\_\_  
Hazardous Properties (circle): none toxic flammable water-reactive strong sensitizer corrosive or irritant  
air-reactive other (specify) \_\_\_\_\_  
pH (circle): less than 3 greater than 10

Major Components:  
(Ex: Hydrochloric acid, lead, lime, crude oil)  
Concentrations: (% or ppm)  
Upper Lower  
1. Asbestos  
2. WATER  
3. \_\_\_\_\_  
4. \_\_\_\_\_

Special Handling Instructions (if any): NONE

DOT Classifications: non hazardous -----no placarding required

Name of HAULER (print or type): I W D LIQUID WASTE INC

Business address: 3106 Snyder Domer Road, Springfield, Ohio 45502  
(NO.) (STREET) (CITY)

Telephone Number: 1 845 9178 Pick-up: \_\_\_\_\_ Times: \_\_\_\_\_ am pm

Waste Hauler's Permit No. (if applicable): \_\_\_\_\_

We certify that the described waste will be delivered to the disposal facility named above.

The HAULER shall retain Copy 2 after delivery.

[Signature]  
SIGNATURE OF HAULER OR AUTHORIZED AGENT AND TITLE

We certify that the above described waste was delivered to the hauler named herein for disposal at the site named above.

SHIPPER'S CERTIFICATION: This is to certify that the above named materials are properly classified, described, packaged, marked and labelled and are in proper condition for transportation according to the applicable regulations of the Department of Transportation.

DATE: 3-15-79 SIGNATURE OF GENERATOR OR AUTHORIZED AGENT AND TITLE: [Signature]

The GENERATOR shall retain Copy 4 of this manifest after completing the GENERATOR and WASTE DESCRIPTION portions.

#### DISPOSER OF WASTE (Must be filled in by disposer)

Name (print or type): \_\_\_\_\_

Site Address: \_\_\_\_\_

We certify that the hauler named above delivered the described waste to this disposal facility.

Permit No. \_\_\_\_\_ Volume measured at site (if applicable): \_\_\_\_\_

Treatment or Recovery Process (circle): Treatment Spreading Area SLF Area Other (specify): \_\_\_\_\_

If waste is to be held for disposal elsewhere, specify final location: \_\_\_\_\_

Disposal Date: \_\_\_\_\_ SIGNATURE OF DISPOSER OR AUTHORIZED AGENT AND TITLE: [Signature]

BILL OF LADING

I.W.D. LIQUID WASTE INC.

10091

CUSTOMER <b>INLAND MANUFACTURING</b>		TYPE OF SERVICE <input type="checkbox"/> BARRELS <input checked="" type="checkbox"/> TANK <input type="checkbox"/> OTHER		TYPE OF LIQUID <input type="checkbox"/> ACID <input type="checkbox"/> SOLVENT <input type="checkbox"/> OIL <input type="checkbox"/> CAUSTIC <input type="checkbox"/> CYANIDE <input checked="" type="checkbox"/> OTHER	
TRUCK NO. <b>10091</b>	DATE: <b>3/16/79</b>	DISPOSAL FACILITY <input type="checkbox"/> I.W.D. <input type="checkbox"/> SYSTECH <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER		REMARKS: <b>Asbestos H<sub>2</sub>O</b> <b>100-142-0015</b> <b>TIN 11-157</b> <b>TIN 12-10</b>	
CONSIGNOR REPRESENTATIVE: <b>Louis Hall</b>		VOLUME BARRELS GALLONS <b>2000</b>			
I.W.D. LIQUID WASTE: <b>Asbestos H<sub>2</sub>O</b>				DISPOSAL COPY	
DISPOSAL FACILITY REPRESENTATIVE: <b>Louis Hall</b>					
TANKAGE TRANSFER: GALLONS: TANK NO.:					



**INDUSTRIAL WASTE DISPOSAL**  
MAIN OFFICE: 3975 WAGONER FORD RD.  
DAYTON, OHIO 45414  
(513) 278-0821

☒ **I.W.D. LIQUID WASTE**  
3106 SNYDER-DOMER RD.  
SPRINGFIELD, OHIO 45502  
(513) 969-8346

☐ **I.W.D. CHEMICAL DISPOSAL**  
133 TWIN BRIDGES RD.  
DANVILLE, INDIANA 46122  
(317) 745-2878

## HAZARDOUS WASTE MANIFEST

A 5282

## I. GENERATOR OF WASTE (Must be filled in by producer)

Name (print or type): INLAND MANUFACTURINGPick up Address: Engle Road, Vandalia, Ohio 45377  
(NO.) (STREET) (CITY)Telephone Numbers: 445 8303 P. O. or Contract No. BLANKETOrder Placed By: Jerry Timms Date: \_\_\_\_\_

Type of Industry (SIC No.): \_\_\_\_\_

Designated Disposal/Recovery Facility: IWD SOUTH LANDFILL

## DESCRIPTION OF WASTE (Must be filled by producer)

Type of Waste: ASBESTOS & WATER  
(Indicate disposal facility code numbers)Bulk Volume: 2000 gallons \_\_\_\_\_ tons \_\_\_\_\_ cubic yards \_\_\_\_\_ other (specify) \_\_\_\_\_

Containerized Waste: \_\_\_\_\_ drums \_\_\_\_\_ pallets \_\_\_\_\_ other \_\_\_\_\_

Physical State (circle): solid liquid sludge other (specify) \_\_\_\_\_Hazardous Properties (circle): none toxic flammable water-reactive strong sensitizer corrosive or irritant  
air-reactive other (specify) \_\_\_\_\_

pH (circle): less than 3 greater than 10

Major Components:  
(Ex: Hydrochloric acid, lead, lime, crude oil)  
1. asbestos  
2. water  
3. \_\_\_\_\_  
4. \_\_\_\_\_

Concentrations: (% or ppm)  
Upper Lower

Special Handling Instructions (if any): NONEDOT Classifications: non hazardous -----no placarding requiredName of HAULER (print or type): I W D LIQUID WASTE INCBusiness address: 3106 Snyder Domer Road, Springfield, Ohio 45502  
(NO.) (STREET) (CITY)Telephone Number: 1 845 9178 Pick-up: \_\_\_\_\_ Times: \_\_\_\_\_ am pm

Waste Hauler's Permit No. (if applicable): \_\_\_\_\_

We certify that the described waste will be delivered to the disposal facility named above.

The HAULER shall retain Copy 2 after delivery.

SIGNATURE OF HAULER OR AUTHORIZED AGENT AND TITLE

We certify that the above described waste was delivered to the hauler named herein for disposal at the site named above.

SHIPPER'S CERTIFICATION: This is to certify that the above named materials are properly classified, described, packaged, marked and labelled and are in proper condition for transportation according to the applicable regulations of the Department of Transportation.

DATE: 3/16/79 SIGNATURE OF GENERATOR OR AUTHORIZED AGENT AND TITLE

The GENERATOR shall retain Copy 4 of this manifest after completing the GENERATOR and WASTE DESCRIPTION portions.

## DISPOSER OF WASTE (Must be filled in by disposer)

Name (print or type): \_\_\_\_\_

Site Address: \_\_\_\_\_

We certify that the hauler named above delivered the described waste to this disposal facility.

Permit No. \_\_\_\_\_ Volume measured at site (if applicable): \_\_\_\_\_

Treatment or Recovery Process (circle): Treatment Spreading Area SLF Area Other (specify): \_\_\_\_\_

If waste is to be held for disposal elsewhere, specify final location:

Disposal Date: \_\_\_\_\_ SIGNATURE OF DISPOSER OR AUTHORIZED AGENT AND TITLE

BILL OF LADING

I.W.D. LIQUID WASTE INC.

15033

CUSTOMER: <b>INLAND MANUFACTURING</b> VANDALIA, O		TYPE OF SERVICE <input type="checkbox"/> BARRELS <input checked="" type="checkbox"/> TANK <input type="checkbox"/> OTHER		TYPE OF LIQUID <input type="checkbox"/> ACID <input type="checkbox"/> SOLVENT <input type="checkbox"/> OIL <input type="checkbox"/> CAUSTIC <input type="checkbox"/> CYANIDE <input checked="" type="checkbox"/> OTHER	
TRUCK NO.: <b>616</b>	DATE: <b>3-19-79</b>	DISPOSAL FACILITY <input type="checkbox"/> I.W.D. <input type="checkbox"/> SYSTECH <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER		REMARKS: <b>URGENT - 8:10A</b> <b>OUT - 11:10A</b> <b>ASBESTOS &amp; H<sub>2</sub>O</b> <b>DOT HAZ CLASS:</b> <b>[NOT LISTED]</b>	
CONSIGNOR REPRESENTATIVE: <i>[Signature]</i>		VOLUME BARRELS GALLONS <b>2000</b>			
I.W.D. LIQUID WASTE <i>[Signature]</i>					
DISPOSAL FACILITY REPRESENTATIVE: <i>[Signature]</i>					
TANKAGE TRANSFER: GALLONS: _____ TANK NO.: _____					

DISPOSAL COPY



INDUSTRIAL WASTE DISPOSAL  
MAIN OFFICE: 3975 WAGONER FORD RD.  
DAYTON, OHIO 45414  
(513) 278-0821

☒ I.W.D. LIQUID WASTE  
3106 SNYDER-DOMER RD.  
SPRINGFIELD, OHIO 45502  
(513) 969-8346

☐ I.W.D. CHEMICAL DISPOSAL  
133 TWIN BRIDGES RD.  
DANVILLE, INDIANA 46122  
(317) 745-2878

HAZARDOUS WASTE MANIFEST

A 5290

I. GENERATOR OF WASTE (Must be filled in by producer)

Name (print or type): **INLAND MANUFACTURING**  
Pick up Address: **ENGLE ROAD** **Vandalia, Ohio 45377**  
(NO.) (STREET) (CITY)  
Phone Numbers: **445 8303** P. O. or Contract No. **BLANKET**  
Placed By: **Jerry Timms** Date: **SAT MAR 17, 1979**

Type of Industry (SIC No.): \_\_\_\_\_  
Designated Disposal/Recovery Facility: **I W D SOUTH LANDFILL** **DAYTON, OHIO**

DESCRIPTION OF WASTE (Must be filled by producer)  
**asbestos & water**  
Type of Waste: \_\_\_\_\_  
(Indicate disposal facility code numbers)

Bulk Volume: **2000** gallons \_\_\_\_\_ tons \_\_\_\_\_ cubic yards \_\_\_\_\_ other(specify) \_\_\_\_\_

Containerized Waste: \_\_\_\_\_ drums \_\_\_\_\_ pallets \_\_\_\_\_ other \_\_\_\_\_

Physical State (circle): solid ☒ liquid \_\_\_\_\_ sludge \_\_\_\_\_ other(specify) \_\_\_\_\_

Hazardous Properties (circle): ☒ none \_\_\_\_\_ toxic \_\_\_\_\_ flammable \_\_\_\_\_ water-reactive \_\_\_\_\_ strong sensitizer \_\_\_\_\_ corrosive or irritant \_\_\_\_\_  
air-reactive \_\_\_\_\_ other(specify) \_\_\_\_\_

pH (circle): less than 3 \_\_\_\_\_ greater than 10 \_\_\_\_\_

Major Components: \_\_\_\_\_ Concentrations: (% or ppm)  
(Ex: Hydrochloric acid, lead, lime, crude oil) Upper Lower

- ASBESTOS DUST**
- WATER**
- 
- 

Special Handling Instructions (if any): \_\_\_\_\_

DOT Classifications: **non hazardous-----no placarding required**

Name of HAULER (print or type): **I W D LIQUID WASTE INC**  
Business address: **3106 Snyder Domer Road, Springfield, Ohio 45502**  
(NO.) (STREET) (CITY)  
Telephone Number: **1 969 8346** Pick-up: \_\_\_\_\_ Times: **3-17-79** : **5:00** pm

Waste Hauler's Permit No. (if applicable): \_\_\_\_\_

We certify that the described waste will be delivered to the disposal facility named above.

The HAULER shall retain Copy 2 after delivery. *[Signature]*  
SIGNATURE OF HAULER OR AUTHORIZED AGENT AND TITLE

We certify that the above described waste was delivered to the hauler named herein for disposal at the site named above.

SHIPPER'S CERTIFICATION: This is to certify that the above named materials are properly classified, described, packaged, marked and labelled and are in proper condition for transportation according to the applicable regulations of the Department of Transportation.

DATE: **3-17-79** *[Signature]*  
SIGNATURE OF GENERATOR OR AUTHORIZED AGENT AND TITLE

The GENERATOR shall retain Copy 4 of this manifest after completing the GENERATOR and WASTE DESCRIPTION portions.

DISPOSER OF WASTE (Must be filled in by disposer)

Name (print or type): \_\_\_\_\_

Site Address: \_\_\_\_\_

We certify that the hauler named above delivered the described waste to this disposal facility.

Permit No. \_\_\_\_\_ Volume measured at site (if applicable): \_\_\_\_\_

Treatment or Recovery Process (circle): Treatment ☒ Spreading Area \_\_\_\_\_ SLF Area \_\_\_\_\_ Other (specify): \_\_\_\_\_

If waste is to be held for disposal elsewhere, specify final location: \_\_\_\_\_

Disposal Date: \_\_\_\_\_ *[Signature]*  
SIGNATURE OF DISPOSER OR AUTHORIZED AGENT AND TITLE

# I.W.D. LIQUID WASTE INC.

10333

CUSTOMER: <u>INLAND MFG CO.</u>		TYPE OF SERVICE <input type="checkbox"/> BARRELS <input checked="" type="checkbox"/> TANK <input type="checkbox"/> OTHER		TYPE OF LIQUID <input type="checkbox"/> ACID <input type="checkbox"/> SOLVENT <input type="checkbox"/> OIL <input type="checkbox"/> CAUSTIC <input type="checkbox"/> CYANIDE <input checked="" type="checkbox"/> OTHER	
TRUCK NO.: <u>616</u> DATE: <u>3-19-79</u>		DISPOSAL FACILITY <input type="checkbox"/> I.W.D. <input type="checkbox"/> SYSTECH <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER		REMARKS: <u>IN PLANT - 5.050</u> <u>CUT - 5.250</u> <u>ASBESTOS &amp; H<sub>2</sub>O</u> <u>DOT HAZ CLASSE</u> <u>DOT LISTED</u>	
CONSIGNOR REPRESENTATIVE: <u>[Signature]</u>		VOLUME BARRELS _____ GALLONS <u>2100</u>		DISPOSAL COPY	
I.W.D. LIQUID WASTE: <u>[Signature]</u>					
DISPOSAL FACILITY REPRESENTATIVE: <u>Jaye Sizemore</u>					
TANKAGE TRANSFER:					
GALLONS: _____					
TANK NO.: _____					



**INDUSTRIAL WASTE DISPOSAL**  
MAIN OFFICE: 3975 WAGONER FORD RD.  
DAYTON, OHIO 45414  
(513) 278-0821

☒ **I.W.D. LIQUID WASTE**  
~~XXXXXX~~ SNYDER-DOMER RD.  
SPRINGFIELD, OHIO 45502  
(513) 969-8346

☐ **I.W.D. CHEMICAL DISPOSAL**  
133 TWIN BRIDGES RD.  
DANVILLE, INDIANA 46122  
(317) 745-2878

## HAZARDOUS WASTE MANIFEST

**A 5291**

### I. GENERATOR OF WASTE (Must be filled in by producer)

Name (print or type): INLAND MANUFACTURING  
Pick up Address: Engle Road Vandalia, Ohio 45377  
(NO.) (STREET) (CITY)  
Telephone Numbers: 445 8303 P. O. or Contract No. BLANKET  
Order Placed By: Jerry Timms Date: 54NDAY MAR 19, 1979  
Type of Industry (SIC No.): MFG CO.  
Designated Disposal/Recovery Facility: I W D SOUTH LANDFILL, DAYTON, OHIO  
DESCRIPTION OF WASTE (Must be filled by producer)  
Type of Waste: asbestos & Water  
(Indicate disposal facility code numbers)

Bulk Volume: 2000 gallons \_\_\_\_\_ tons \_\_\_\_\_ cubic yards \_\_\_\_\_ other(specify) \_\_\_\_\_  
Containerized Waste: \_\_\_\_\_ drums \_\_\_\_\_ pallets \_\_\_\_\_ other \_\_\_\_\_  
Physical State (circle): solid ☐ liquid ☐ sludge ☐ other(specify) \_\_\_\_\_  
Hazardous Properties (circle): none ☐ toxic ☐ flammable ☐ water-reactive ☐ strong sensitizer ☐ corrosive or irritant  
air-reactive ☐ other(specify) \_\_\_\_\_  
pH (circle): less than 3 \_\_\_\_\_ greater than 10 \_\_\_\_\_

Major Components: \_\_\_\_\_ Concentrations: (% or ppm)  
(Ex: Hydrochloric acid, lead, lime, crude oil) Upper \_\_\_\_\_ Lower \_\_\_\_\_  
1. asbestos \_\_\_\_\_  
2. water \_\_\_\_\_  
3. \_\_\_\_\_  
4. \_\_\_\_\_

Special Handling Instructions (if any): \_\_\_\_\_

DOT Classifications: non hazardous-----no placarding required

Name of HAULER (print or type): I W D LIQUID WASTE INC  
Business address: 3106 Snyder Domer Road, Springfield, Ohio 45502  
(NO.) (STREET) (CITY)

Telephone Number: 1 969 8346 Pick-up: \_\_\_\_\_ Times: MAR 19, 1979 am \_\_\_\_\_ pm \_\_\_\_\_

Waste Hauler's Permit No. (if applicable): \_\_\_\_\_

We certify that the described waste will be delivered to the disposal facility named above.

The HAULER shall retain Copy 2 after delivery. [Signature]  
SIGNATURE OF HAULER OR AUTHORIZED AGENT AND TITLE

We certify that the above described waste was delivered to the hauler named herein for disposal at the site named above.

**SHIPPER'S CERTIFICATION:** This is to certify that the above named materials are properly classified, described, packaged, marked and labelled and are in proper condition for transportation according to the applicable regulations of the Department of Transportation.

DATE: 3-19-79 [Signature]  
SIGNATURE OF GENERATOR OR AUTHORIZED AGENT AND TITLE

The GENERATOR shall retain Copy 4 of this manifest after completing the GENERATOR and WASTE DESCRIPTION portions.

**DISPOSER OF WASTE** (Must be filled in by disposer)

Name (print or type): \_\_\_\_\_

Site Address: \_\_\_\_\_

We certify that the hauler named above delivered the described waste to this disposal facility.

Permit No. \_\_\_\_\_ Volume measured at site (if applicable): \_\_\_\_\_

Treatment or Recovery Process (circle): Treatment \_\_\_\_\_ Spreading Area \_\_\_\_\_ SLF Area \_\_\_\_\_ Other (specify): \_\_\_\_\_

If waste is to be held for disposal elsewhere, specify final location: \_\_\_\_\_

Disposal Date: \_\_\_\_\_ SIGNATURE OF DISPOSER OR AUTHORIZED AGENT AND TITLE

CUSTOMER: <u>IWD Liquid Waste Inc.</u>		TYPE OF SERVICE		TYPE OF LIQUID	
TRUCK NO. <u>10000</u>		<input type="checkbox"/> BARRELS		<input type="checkbox"/> ACID	
DATE: <u>3-19-79</u>		<input type="checkbox"/> TANK		<input type="checkbox"/> SOLVENT	
CONSIGNOR REPRESENTATIVE: <u>[Signature]</u>		<input type="checkbox"/> OTHER		<input type="checkbox"/> OIL	
I.W.D. LIQUID WASTE		DISPOSAL FACILITY		<input type="checkbox"/> CAUSTIC	
DISPOSAL FACILITY REPRESENTATIVE: <u>Louis Hall</u>		<input type="checkbox"/> I.W.D.		<input type="checkbox"/> CYANIDE	
TANKAGE TRANSFER:		<input type="checkbox"/> SYSTECH		<input checked="" type="checkbox"/> OTHER	
GALLONS: _____		<input type="checkbox"/> LANDFILL		REMARKS: <u>Asbestos water</u>	
TANK NO.: _____		<input type="checkbox"/> OTHER		<u>Not classified</u>	
		VOLUME		<u>Time 11:20</u>	
		BARRELS		<u>11 out 12:30</u>	
		GALLONS <u>2000</u>			



**INDUSTRIAL WASTE DISPOSAL**  
MAIN OFFICE: 3975 WAGONER FORD RD.  
DAYTON, OHIO 45414  
(513) 278-0821

☒ **I.W.D. LIQUID WASTE**  
3106 SNYDER-DOMER RD.  
SPRINGFIELD, OHIO 45502  
(513) 969-8346

☐ **I.W.D. CHEMICAL DISPOSAL**  
133 TWIN BRIDGES RD.  
DANVILLE, INDIANA 46122  
(317) 745-2878

### HAZARDOUS WASTE MANIFEST

**A 5315**

**I. GENERATOR OF WASTE** (Must be filled in by producer)

Name (print or type): INLAND MFG.  
Pick up Address: ENGLE RD. VANDALIA  
(NO.) (STREET) (CITY)

Telephone Numbers: \_\_\_\_\_ P. O. or Contract No. \_\_\_\_\_

Waste Placed By: Dept 830 Date: 3-19-79

Type of Industry (SIC No.): MFG.

Designated Disposal/Recovery Facility: IWD Southland Fill

**DESCRIPTION OF WASTE** (Must be filled by producer)

Type of Waste: Asbestos water  
(Indicate disposal facility code numbers)

Bulk Volume: 2000 gallons \_\_\_\_\_ tons \_\_\_\_\_ cubic yards \_\_\_\_\_ other (specify) \_\_\_\_\_

Containerized Waste: \_\_\_\_\_ drums \_\_\_\_\_ pallets \_\_\_\_\_ other \_\_\_\_\_

Physical State (circle): solid liquid sludge other (specify) \_\_\_\_\_

Hazardous Properties (circle): none toxic flammable water-reactive strong sensitizer corrosive or irritant  
air-reactive other (specify) \_\_\_\_\_

pH (circle): less than 3 greater than 10

Major Components: \_\_\_\_\_ Concentrations: (% or ppm)  
(Ex: Hydrochloric acid, lead, lime, crude oil) Upper Lower

1. Asbestos

2. WATER

3. \_\_\_\_\_

4. \_\_\_\_\_

Special Handling Instructions (if any): NONE

DOT Classifications: NONE

Name of HAULER (print or type): IWD Liquid Waste Inc.

Business address: 3106 SNYDER-DOMER RD. SPRINGFIELD OHIO  
(NO.) (STREET) (CITY)

Telephone Number: 969-8346 Pick-up: \_\_\_\_\_ Times: \_\_\_\_\_ am pm

Waste Hauler's Permit No. (if applicable): \_\_\_\_\_

We certify that the described waste will be delivered to the disposal facility named above.

The HAULER shall retain Copy 2 after delivery.

[Signature]  
SIGNATURE OF HAULER OR AUTHORIZED AGENT AND TITLE

We certify that the above described waste was delivered to the hauler named herein for disposal at the site named above.

**SHIPPER'S CERTIFICATION:** This is to certify that the above named materials are properly classified, described, packaged, marked and labelled and are in proper condition for transportation according to the applicable regulations of the Department of Transportation.

DATE: 3-19-79 SIGNATURE OF GENERATOR OR AUTHORIZED AGENT AND TITLE

The GENERATOR shall retain Copy 4 of this manifest after completing the GENERATOR and WASTE DESCRIPTION portions.

**DISPOSER OF WASTE** (Must be filled in by disposer)

Name (print or type): \_\_\_\_\_

Site Address: \_\_\_\_\_

We certify that the hauler named above delivered the described waste to this disposal facility.

Permit No. \_\_\_\_\_ Volume measured at site (if applicable): \_\_\_\_\_

Treatment or Recovery Process (circle): Treatment Spreading Area SLF Area Other (specify): \_\_\_\_\_

If waste is to be held for disposal elsewhere, specify final location: \_\_\_\_\_

Disposal Date: \_\_\_\_\_ SIGNATURE OF DISPOSER OR AUTHORIZED AGENT AND TITLE

[Signature]  
SIGNATURE OF DISPOSER OR AUTHORIZED AGENT AND TITLE

BILL OF LADING

I.W.D. LIQUID WASTE INC.

17447

CUSTOMER: <i>Ireland</i>		DISPOSAL COPY	
LOCATION: <i>Vandalia, Ohio</i>	TYPE OF SERVICE <input type="checkbox"/> BARRELS <input checked="" type="checkbox"/> TANK <input type="checkbox"/> OTHER	TYPE OF LIQUID <input type="checkbox"/> ACID <input type="checkbox"/> SOLVENT <input type="checkbox"/> OIL <input type="checkbox"/> CAUSTIC <input type="checkbox"/> CYANIDE <input checked="" type="checkbox"/> OTHER	
TRUCK NO.: <i>601</i>	DISPOSAL FACILITY <input type="checkbox"/> I.W.D. <input type="checkbox"/> SYSTECH <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER	REMARKS: <i>Asbestos / water</i> <i>Not Classified</i> <i>in 7:54</i>	
CONSIGNOR REPRESENTATIVE: <i>[Signature]</i>	VOLUME BARRELS GALLONS: <i>2500</i>		
I.W.D. LIQUID WASTE: <i>[Signature]</i>	TANKAGE TRANSFER:		
DISPOSAL FACILITY REPRESENTATIVE: <i>[Signature]</i>	GALLONS:		
TANKAGE TRANSFER:	TANK NO.:		

BILL OF LADING

I.W.D. LIQUID WASTE INC.

17418

CUSTOMER: <i>Ireland</i>		DISPOSAL COPY	
LOCATION: <i>Vandalia, Ohio</i>	TYPE OF SERVICE <input type="checkbox"/> BARRELS <input checked="" type="checkbox"/> TANK <input type="checkbox"/> OTHER	TYPE OF LIQUID <input type="checkbox"/> ACID <input type="checkbox"/> SOLVENT <input type="checkbox"/> OIL <input type="checkbox"/> CAUSTIC <input type="checkbox"/> CYANIDE <input checked="" type="checkbox"/> OTHER	
TRUCK NO.: <i>601</i>	DISPOSAL FACILITY <input type="checkbox"/> I.W.D. <input type="checkbox"/> SYSTECH <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER	REMARKS: <i>Asbestos / water</i> <i>Not Classified</i> <i>in 8:26</i> <i>out 9:30</i>	
CONSIGNOR REPRESENTATIVE: <i>[Signature]</i>	VOLUME BARRELS GALLONS: <i>2000</i>		
I.W.D. LIQUID WASTE: <i>[Signature]</i>	TANKAGE TRANSFER:		
DISPOSAL FACILITY REPRESENTATIVE: <i>[Signature]</i>	GALLONS:		
TANKAGE TRANSFER:	TANK NO.:		

BILL OF LADING

I.W.D. LIQUID WASTE INC.

17445

CUSTOMER: <i>I.W.D.</i>	
LOCATION: <i>W. DALL - Ohio</i>	
TRUCK NO.: <i>1801</i>	DATE: <i>6-17-79</i>
CONSIGNOR REPRESENTATIVE:	
I.W.D. LIQUID WASTE: <i>[Signature]</i>	
DISPOSAL FACILITY REPRESENTATIVE:	
TANKAGE TRANSFER:	
GALLONS:	TANK NO.:

DISPOSAL COPY

TYPE OF SERVICE <input type="checkbox"/> BARRELS <input checked="" type="checkbox"/> TANK <input type="checkbox"/> OTHER	TYPE OF LIQUID <input type="checkbox"/> ACID <input type="checkbox"/> SOLVENT <input type="checkbox"/> OIL <input type="checkbox"/> CAUSTIC <input type="checkbox"/> CYANIDE <input checked="" type="checkbox"/> OTHER
DISPOSAL FACILITY <input type="checkbox"/> I.W.D. <input type="checkbox"/> SYSTECH <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER	REMARKS: <i>As per 17445</i>
VOLUME BARRELS GALLONS	

BILL OF LADING

I.W.D. LIQUID WASTE INC.

17430

CUSTOMER: <i>T. Land</i>	
LOCATION: <i>Vermilion Ohio</i>	
TRUCK NO.: <i>601</i>	DATE: <i>6-9-79</i>
CONSIGNOR REPRESENTATIVE:	
I.W.D. LIQUID WASTE: <i>[Signature]</i>	
DISPOSAL FACILITY REPRESENTATIVE:	
TANKAGE TRANSFER:	
GALLONS:	ANK NO.:

DISPOSAL COPY

TYPE OF SERVICE <input type="checkbox"/> BARRELS <input checked="" type="checkbox"/> TANK <input type="checkbox"/> OTHER	TYPE OF LIQUID <input type="checkbox"/> ACID <input type="checkbox"/> SOLVENT <input type="checkbox"/> OIL <input type="checkbox"/> CAUSTIC <input type="checkbox"/> CYANIDE <input checked="" type="checkbox"/> OTHER
DISPOSAL FACILITY <input type="checkbox"/> I.W.D. <input type="checkbox"/> SYSTECH <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER	REMARKS: <i>As per 17430</i>
VOLUME BARRELS GALLONS	

# BILL OF LADING

**I.W.D. LIQUID WASTE INC.**

17446

CUSTOMER: <i>INLAND</i>		TYPE OF SERVICE		TYPE OF LIQUID	
LOCATION: <i>VANDALIA OHIO</i>		<input type="checkbox"/> BARRELS		<input type="checkbox"/> _____ ACID _____	
TRUCK NO. <i>1001</i> DATE: <i>6-17-79</i>		<input checked="" type="checkbox"/> TANK		<input type="checkbox"/> _____ SOLVENT _____	
CONSIGNOR REPRESENTATIVE:		<input type="checkbox"/> OTHER		<input type="checkbox"/> _____ OIL _____	
I.W.D. LIQUID WASTE:		DISPOSAL FACILITY		<input type="checkbox"/> _____ CAUSTIC _____	
<i>Karl L. Bondhan</i>		<input type="checkbox"/> I.W.D.		<input type="checkbox"/> _____ CYANIDE _____	
DISPOSAL FACILITY REPRESENTATIVE:		<input checked="" type="checkbox"/> SYSTECH		<input checked="" type="checkbox"/> OTHER _____	
<i>Karl L. Bondhan</i>		<input checked="" type="checkbox"/> LANDFILL		<i>Remarks: Non-Hazardous 11.605 out 6.20</i>	
TANKAGE TRANSFER:		<input type="checkbox"/> OTHER			
GALLONS:		VOLUME			
TANK NO.:		BARRELS _____			
		GALLONS <i>2000</i>			

**DISPOSAL COPY**

# BILL OF LADING

**I.W.D. LIQUID WASTE INC.**

16057

CUSTOMER: <b>INLAND</b>		TYPE OF SERVICE		TYPE OF LIQUID	
LOCATION: <b>VANDALIA OHIO</b>		<input type="checkbox"/> BARRELS <input checked="" type="checkbox"/> TANK <input type="checkbox"/> OTHER		<input type="checkbox"/> ACID <input type="checkbox"/> SOLVENT <input type="checkbox"/> OIL <input type="checkbox"/> CAUSTIC <input checked="" type="checkbox"/> CYANIDE <input type="checkbox"/> OTHER	
TRUCK NO.: <b>1601</b>	DATE: <b>5-2-79</b>	DISPOSAL FACILITY		REMARKS: <i>Handwritten notes and signatures</i>	
CONSIGNOR REPRESENTATIVE:		<input type="checkbox"/> I.W.D. <input type="checkbox"/> SYSTECH <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER			
I.W.D. LIQUID WASTE:		VOLUME			
DISPOSAL FACILITY REPRESENTATIVE:		BARRELS		<b>4:45</b> <b>7:15</b>	
TANKAGE TRANSFER:		GALLONS			
GALLONS:					
TANK NO.:					

**DISPOSAL COPY**



BILL OF LADING

I.W.D. LIQUID WASTE INC.

5-30-79

17411

CUSTOMER: <i>Inland</i>		TYPE OF SERVICE	TYPE OF LIQUID
LOCATION: <i>VANDALIA Ohio</i>		<input type="checkbox"/> BARRELS	<input type="checkbox"/> ACID
TRUCK NO.: <i>601</i> DATE: <i>5-30-79</i>		<input checked="" type="checkbox"/> TANK	<input type="checkbox"/> SOLVENT
CONSIGNOR REPRESENTATIVE:		<input type="checkbox"/> OTHER	<input type="checkbox"/> OIL
I.W.D. LIQUID WASTE: <i>Kenn L. Woodman</i>		DISPOSAL FACILITY	<input type="checkbox"/> CAUSTIC
DISPOSAL FACILITY REPRESENTATIVE: <i>Lois Hall</i>		<input type="checkbox"/> I.W.D.	<input type="checkbox"/> CYANIDE
TANKAGE TRANSFER:		<input checked="" type="checkbox"/> SYSTECH	<input checked="" type="checkbox"/> OTHER
GALLONS:		<input checked="" type="checkbox"/> LANDFILL	REMARKS: <i>As is to water</i>
TANK NO.:		<input type="checkbox"/> OTHER	<i>IN 8:00 3:00</i>
		VOLUME	<i>out 3:35</i>
		BARRELS	<i>Not Classified</i>
		GALLONS <i>2000</i>	

DISPOSAL COPY

BILL OF LADING

I.W.D. LIQUID WASTE INC.

5-14-79

16095

CUSTOMER: <i>Inland</i>		TYPE OF SERVICE	TYPE OF LIQUID
LOCATION: <i>VANDALIA Ohio</i>		<input type="checkbox"/> BARRELS	<input type="checkbox"/> ACID
TRUCK NO.: <i>601</i> DATE: <i>5-19-79</i>		<input checked="" type="checkbox"/> TANK	<input type="checkbox"/> SOLVENT
CONSIGNOR REPRESENTATIVE:		<input type="checkbox"/> OTHER	<input type="checkbox"/> OIL
I.W.D. LIQUID WASTE: <i>Kenn L. Woodman</i>		DISPOSAL FACILITY	<input type="checkbox"/> CAUSTIC
DISPOSAL FACILITY REPRESENTATIVE: <i>Lina Gibbs</i>		<input type="checkbox"/> I.W.D.	<input type="checkbox"/> CYANIDE
TANKAGE TRANSFER:		<input checked="" type="checkbox"/> SYSTECH	<input checked="" type="checkbox"/> OTHER
GALLONS:		<input checked="" type="checkbox"/> LANDFILL	REMARKS: <i>As is to water</i>
TANK NO.:		<input type="checkbox"/> OTHER	<i>NON-HAZARDOUS</i>
		VOLUME	<i>IN 11:06</i>
		BARRELS	<i>out 11:50</i>
		GALLONS <i>1500</i>	

DISPOSAL COPY

BILL OF LADING

I.W.D. LIQUID WASTE INC.

5-5-79 16062

CUSTOMER: <i>INLAND</i>		TYPE OF SERVICE <input type="checkbox"/> BARRELS <input checked="" type="checkbox"/> TANK <input type="checkbox"/> OTHER		TYPE OF LIQUID <input type="checkbox"/> ACID <input type="checkbox"/> SOLVENT <input type="checkbox"/> OIL <input type="checkbox"/> CAUSTIC <input type="checkbox"/> CYANIDE <input checked="" type="checkbox"/> OTHER	
LOCATION: <i>VANDALIA OHIO</i>		DISPOSAL FACILITY <input type="checkbox"/> I.W.D. <input type="checkbox"/> SYSTECH <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER		REMARKS: <i>Asbestos filter Not CLASSIFIED in 9:00 out 9:30</i>	
TRUCK NO.: <i>601</i>	DATE: <i>5-5-79</i>	VOLUME BARRELS GALLONS <i>2000</i>			
CONSIGNOR REPRESENTATIVE:					
I.W.D. LIQUID WASTE: <i>Kenny L. Leland</i>					
DISPOSAL FACILITY REPRESENTATIVE: <i>Loris Hall</i>					
TANKAGE TRANSFER:					
GALLONS:					
TANK NO.:					

DISPOSAL COPY

BILL OF LADING

I.W.D. LIQUID WASTE INC.

5-5-79 16063

CUSTOMER: <i>INLAND</i>		TYPE OF SERVICE <input type="checkbox"/> BARRELS <input checked="" type="checkbox"/> TANK <input type="checkbox"/> OTHER		TYPE OF LIQUID <input type="checkbox"/> ACID <input type="checkbox"/> SOLVENT <input type="checkbox"/> OIL <input type="checkbox"/> CAUSTIC <input type="checkbox"/> CYANIDE <input checked="" type="checkbox"/> OTHER	
LOCATION: <i>VANDALIA OHIO</i>		DISPOSAL FACILITY <input type="checkbox"/> I.W.D. <input type="checkbox"/> SYSTECH <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER		REMARKS: <i>Not CLASSIFIED Asbestos filter in 10:00 out 11:00</i>	
TRUCK NO.: <i>601</i>	DATE: <i>5-5-79</i>	VOLUME BARRELS GALLONS <i>2000</i>			
CONSIGNOR REPRESENTATIVE:					
I.W.D. LIQUID WASTE: <i>Kenny L. Leland</i>					
DISPOSAL FACILITY REPRESENTATIVE: <i>Loris Hall</i>					
TANKAGE TRANSFER:					
GALLONS:					
TANK NO.:					

DISPOSAL COPY



BILL OF LADING

I.W.D. LIQUID WASTE INC.

42779 16698

TOMER: <i>I LAND</i>		TYPE OF SERVICE	TYPE OF LIQUID
LOCATION: <i>VANDALIA Ohio</i>		<input type="checkbox"/> BARRELS	<input type="checkbox"/> ACID
TRUCK NO.: <i>6001</i> DATE: <i>4-21-79</i>		<input checked="" type="checkbox"/> TANK	<input type="checkbox"/> SOLVENT
CONSIGNOR REPRESENTATIVE: <i>[Signature]</i>		<input type="checkbox"/> OTHER	<input type="checkbox"/> OIL
I.W.D. LIQUID WASTE: <i>[Signature]</i>		DISPOSAL FACILITY	<input type="checkbox"/> CAUSTIC
DISPOSAL FACILITY REPRESENTATIVE: <i>[Signature]</i>		<input type="checkbox"/> I.W.D.	<input type="checkbox"/> CYANIDE
TANKAGE TRANSFER:		<input checked="" type="checkbox"/> SYSTECH	<input checked="" type="checkbox"/> OTHER
GALLONS:		<input checked="" type="checkbox"/> LANDFILL	REMARKS: <i>Asbestos water</i>
TANK NO.:		<input type="checkbox"/> OTHER	<i>NO D-HAZARD DOW'S</i>
		VOLUME	<i>in 150</i>
		BARRELS	<i>out 220</i>
		GALLONS <i>1900</i>	

DISPOSAL COPY

BILL OF LADING

I.W.D. LIQUID WASTE INC.

4-19-79 16804

CUSTOMER: <i>I land</i>		TYPE OF SERVICE	TYPE OF LIQUID
LOCATION: <i>Va. Beach</i>		<input type="checkbox"/> BARRELS	<input type="checkbox"/> ACID
TRUCK NO.: <i>6001</i> DATE: <i>4-19-79</i>		<input checked="" type="checkbox"/> TANK	<input type="checkbox"/> SOLVENT
CONSIGNOR REPRESENTATIVE: <i>[Signature]</i>		<input type="checkbox"/> OTHER	<input type="checkbox"/> OIL
I.W.D. LIQUID WASTE: <i>[Signature]</i>		DISPOSAL FACILITY	<input type="checkbox"/> CAUSTIC
DISPOSAL FACILITY REPRESENTATIVE: <i>[Signature]</i>		<input type="checkbox"/> I.W.D.	<input type="checkbox"/> CYANIDE
TANKAGE TRANSFER:		<input type="checkbox"/> SYSTECH	<input type="checkbox"/> OTHER
GALLONS:		<input checked="" type="checkbox"/> LANDFILL	REMARKS: <i>Asbestos water</i>
TANK NO.:		<input type="checkbox"/> OTHER	<i>NO D-HAZARD DOW'S</i>
		VOLUME	<i>1.1</i>
		BARRELS	<i>1.1</i>
		GALLONS <i>200</i>	

DISPOSAL COPY

BILL OF LADING

I.W.D. LIQUID WASTE INC.

4-20-79  
16810

CUSTOMER:

Inland

LOCATION:

Van Halen Dr

TRUCK

NO.: 6001

DATE:

4-20-79

CONSIGNOR REPRESENTATIVE:

Marian Talaris

I.W.D. LIQUID WASTE:

L. Poolman

DISPOSAL FACILITY REPRESENTATIVE:

Luis Hall

TANKAGE TRANSFER:

GALLONS:

TANK NO.:

DISPOSAL COPY

TYPE OF SERVICE	TYPE OF LIQUID
<input type="checkbox"/> BARRELS	<input type="checkbox"/> ACID
<input checked="" type="checkbox"/> TANK	<input type="checkbox"/> SOLVENT
<input type="checkbox"/> OTHER	<input type="checkbox"/> OIL
DISPOSAL FACILITY	<input type="checkbox"/> CAUSTIC
<input type="checkbox"/> I.W.D.	<input type="checkbox"/> CYANIDE
<input type="checkbox"/> SYSTECH	<input checked="" type="checkbox"/> OTHER
<input checked="" type="checkbox"/> LANDFILL	REMARKS:
<input type="checkbox"/> OTHER	Asbestos/untreated
VOLUME	Non-Hazardous
BARRELS	
GALLONS 1000	

BILL OF LADING

I.W.D. LIQUID WASTE INC.

4-20-79  
16686

CUSTOMER:

I.W.

LOCATION:

Van Halen Dr

TRUCK

NO.: 6001

DATE:

4-20-79

CONSIGNOR REPRESENTATIVE:

L. Poolman

I.W.D. LIQUID WASTE:

L. Poolman

DISPOSAL FACILITY REPRESENTATIVE:

Luis Hall

TANKAGE TRANSFER:

GALLONS:

TANK NO.:

DISPOSAL COPY

TYPE OF SERVICE	TYPE OF LIQUID
<input type="checkbox"/> BARRELS	<input type="checkbox"/> ACID
<input checked="" type="checkbox"/> TANK	<input type="checkbox"/> SOLVENT
<input type="checkbox"/> OTHER	<input type="checkbox"/> OIL
DISPOSAL FACILITY	<input type="checkbox"/> CAUSTIC
<input type="checkbox"/> I.W.D.	<input type="checkbox"/> CYANIDE
<input type="checkbox"/> SYSTECH	<input checked="" type="checkbox"/> OTHER
<input checked="" type="checkbox"/> LANDFILL	REMARKS:
<input type="checkbox"/> OTHER	Asbestos/untreated
VOLUME	Non-Hazardous
BARRELS	
GALLONS 1000	

BILL OF LADING

I.W.D. LIQUID WASTE INC.

16670

CUSTOMER: <i>INLAND</i>		TYPE OF SERVICE		TYPE OF LIQUID	
LOCATION: <i>VANDALIA Ohio</i>		<input type="checkbox"/> BARRELS <input checked="" type="checkbox"/> TANK <input type="checkbox"/> OTHER		<input type="checkbox"/> ACID <input type="checkbox"/> SOLVENT <input type="checkbox"/> OIL <input type="checkbox"/> CAUSTIC <input type="checkbox"/> CYANIDE <input checked="" type="checkbox"/> OTHER	
TRUCK NO.: <i>1001</i>	DATE: <i>4-7-77</i>	DISPOSAL FACILITY		REMARKS: <i>Asbestos water NON-HAZARDOUS TIME IN 11:18 " out 12:00</i>	
CONSIGNOR REPRESENTATIVE: <i>[Signature]</i>		<input type="checkbox"/> I.W.D. <input type="checkbox"/> SYSTECH <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER			
I.W.D. LIQUID WASTE: <i>[Signature]</i>		VOLUME			
DISPOSAL FACILITY REPRESENTATIVE: <i>Louis Hall</i>		BARRELS _____ GALLONS <i>2000</i>			
TANKAGE TRANSFER:					
GALLONS: _____					
TANK NO.: _____					

DISPOSAL COPY

BILL OF LADING

I.W.D. LIQUID WASTE INC.

16576

CUSTOMER: <i>INLAND MFG.</i>		TYPE OF SERVICE		TYPE OF LIQUID	
LOCATION: <i>VANDALIA, Ohio</i>		<input type="checkbox"/> BARRELS <input checked="" type="checkbox"/> TANK <input type="checkbox"/> OTHER		<input type="checkbox"/> ACID <input type="checkbox"/> SOLVENT <input type="checkbox"/> OIL <input type="checkbox"/> CAUSTIC <input type="checkbox"/> CYANIDE <input checked="" type="checkbox"/> OTHER	
TRUCK NO.: <i>6016</i>	DATE: <i>3-6-77</i>	DISPOSAL FACILITY		REMARKS: <i>Asbestos water Not Classified TIME IN 3PM TIME out 3:50</i>	
CONSIGNOR REPRESENTATIVE:		<input type="checkbox"/> I.W.D. <input type="checkbox"/> SYSTECH <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER			
I.W.D. LIQUID WASTE: <i>[Signature]</i>		VOLUME			
DISPOSAL FACILITY REPRESENTATIVE: <i>Louis Hall</i>		BARRELS _____ GALLONS <i>2000</i>			
TANKAGE TRANSFER:					
GALLONS: _____					
TANK NO.: _____					

DISPOSAL COPY

BILL OF LADING

I.W.D. LIQUID WASTE INC. 16586

CUSTOMER:

INLAND

LOCATION:

VANDALIA OH

TRUCK

NO. 601

DATE:

3-12-79

CONSIGNOR REPRESENTATIVE:

I.W.D. LIQUID WASTE:

Henry J. Woodman

DISPOSAL FACILITY REPRESENTATIVE:

Loris Hall

TANKAGE TRANSFER:

GALLONS:

TANK NO.:

TYPE OF SERVICE

☐ BARRELS☒ TANK☐ OTHER

DISPOSAL FACILITY

☐ I.W.D.☐ SYSTECH☒ LANDFILL☐ OTHER

TYPE OF LIQUID

☐ ACID☐ SOLVENT☐ OIL☐ CAUSTIC☐ CYANIDE☒ OTHERREMARKS:  
Asbestos water

TIME IN 300

TIME OUT 3:35

DISPOSAL COPY

BILL OF LADING

I.W.D. LIQUID WASTE INC. 16704

CUSTOMER:

INLAND

MFG

LOCATION:

VANDALIA OH

TRUCK

NO. 601

DATE:

3-23-79

CONSIGNOR REPRESENTATIVE:

Marcia Sobiech

I.W.D. LIQUID WASTE:

Henry J. Woodman

DISPOSAL FACILITY REPRESENTATIVE:

Loris Hall

TANKAGE TRANSFER:

GALLONS:

TANK NO.:

TYPE OF SERVICE

☐ BARRELS☐ TANK☐ OTHER

DISPOSAL FACILITY

☐ I.W.D.☐ SYSTECH☐ LANDFILL☐ OTHER

TYPE OF LIQUID

☐ ACID☐ SOLVENT☐ OIL☐ CAUSTIC☐ CYANIDE☐ OTHERREMARKS:  
Asbestos & H<sub>2</sub>O

DOT 11A2 CLASS

[NOT LISTED]

DISPOSAL COPY

BILL OF LADING

I.W.D. LIQUID WASTE INC.

3-24-79

16657

TOMER: <i>INLAND</i>		TYPE OF SERVICE <input type="checkbox"/> BARRELS <input checked="" type="checkbox"/> TANK <input type="checkbox"/> OTHER	TYPE OF LIQUID <input type="checkbox"/> ACID <input type="checkbox"/> SOLVENT <input type="checkbox"/> OIL <input type="checkbox"/> CAUSTIC <input type="checkbox"/> CYANIDE <input type="checkbox"/> OTHER
LOCATION: <i>VANDALIA OHIO</i>		DISPOSAL FACILITY <input type="checkbox"/> I.W.D. <input type="checkbox"/> SYSTECH <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER	REMARKS: <i>12-1-1979</i> <i>12-1-1979</i> <i>12-1-1979</i>
TRUCK NO.: <i>1091</i>	DATE: <i>3-4-79</i>	VOLUME BARRELS GALLONS <i>200</i>	
CONSIGNOR REPRESENTATIVE:			
I.W.D. LIQUID WASTE: <i>[Signature]</i>			
DISPOSAL FACILITY REPRESENTATIVE: <i>Louis Hall</i>			
TANKAGE TRANSFER:			
GALLONS: _____			
TANK NO.: _____			

DISPOSAL COPY

BILL OF LADING

I.W.D. LIQUID WASTE INC.

3-26-79

17502

CUSTOMER: <i>Inland</i>		TYPE OF SERVICE <input type="checkbox"/> BARRELS <input checked="" type="checkbox"/> TANK <input type="checkbox"/> OTHER	TYPE OF LIQUID <input type="checkbox"/> ACID <input type="checkbox"/> SOLVENT <input type="checkbox"/> OIL <input type="checkbox"/> CAUSTIC <input type="checkbox"/> CYANIDE <input checked="" type="checkbox"/> OTHER
LOCATION: <i>Vandalia</i>		DISPOSAL FACILITY <input type="checkbox"/> I.W.D. <input type="checkbox"/> SYSTECH <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER	REMARKS: <i>Asbestos water</i> <i>NON-HAZARDOUS</i> <i>TIME in 8:00</i> <i>TIME out 10:20</i>
TRUCK NO.: <i>601</i>	DATE: <i>3-26-79</i>	VOLUME BARRELS GALLONS <i>1800</i>	
CONSIGNOR REPRESENTATIVE: <i>Marcia Johnson</i>			
I.W.D. LIQUID WASTE: <i>[Signature]</i>			
DISPOSAL FACILITY REPRESENTATIVE: <i>Louis Hall</i>			
TANKAGE TRANSFER:			
GALLONS: <i>1800</i>			
TANK NO.: _____			

DISPOSAL COPY



BILL OF LADING

I.W.D. LIQUID WASTE INC.

3-30-79

16851

CUSTOMER: <b>INLAND MFG</b>		TYPE OF SERVICE		TYPE OF LIQUID	
LOCATION: <b>VANDALIA, O</b>		<input type="checkbox"/> BARRELS		<input type="checkbox"/> ACID	
TRUCK NO.: <b>616</b>		<input checked="" type="checkbox"/> TANK		<input type="checkbox"/> SOLVENT	
DATE: <b>3-30-79</b>		<input type="checkbox"/> OTHER		<input type="checkbox"/> OIL	
CONSIGNOR REPRESENTATIVE: <b>Marcia Tobias</b>		DISPOSAL FACILITY		<input type="checkbox"/> CAUSTIC	
I.W.D. LIQUID WASTE: <b>ALH</b>		<input type="checkbox"/> I.W.D.		<input type="checkbox"/> CYANIDE	
DISPOSAL FACILITY REPRESENTATIVE: <b>Luis Hall</b>		<input checked="" type="checkbox"/> LANDFILL <b>So</b>		<input checked="" type="checkbox"/> OTHER	
TANKAGE TRANSFER:		<input type="checkbox"/> OTHER		REMARKS: <b>IN PLANT - 9:00AM</b> <b>OUT " - 9:50AM</b> <b>ASBESTOS H<sub>2</sub>O</b> <b>DOT HAZ CLASS:</b> <b>[NOT LISTED]</b>	
GALLONS:		VOLUME			
TANK NO.:		BARRELS			
		GALLONS <b>2000</b>			

DISPOSAL COPY

BILL OF LADING

I.W.D. LIQUID WASTE INC.

17562

CUSTOMER: <b>INLAND -</b>		TYPE OF SERVICE		TYPE OF LIQUID	
LOCATION: <b>VANDALIA - Ohio</b>		<input type="checkbox"/> BARRELS		<input type="checkbox"/> ACID	
TRUCK NO.: <b>616</b>		<input checked="" type="checkbox"/> TANK		<input type="checkbox"/> SOLVENT	
DATE:		<input type="checkbox"/> OTHER		<input type="checkbox"/> OIL	
CONSIGNOR REPRESENTATIVE: <b>Marcia Tobias</b>		DISPOSAL FACILITY		<input type="checkbox"/> CAUSTIC	
I.W.D. LIQUID WASTE: <b>ALH</b>		<input type="checkbox"/> I.W.D.		<input type="checkbox"/> CYANIDE	
DISPOSAL FACILITY REPRESENTATIVE: <b>Luis Hall</b>		<input checked="" type="checkbox"/> LANDFILL <b>So</b>		<input checked="" type="checkbox"/> OTHER	
TANKAGE TRANSFER:		<input type="checkbox"/> OTHER		REMARKS: <b>IN PLANT - 10:20</b> <b>OUT " - 10:00</b> <b>ASBESTOS H<sub>2</sub>O</b> <b>DOT HAZ CLASS:</b> <b>[NOT LISTED]</b>	
GALLONS:		VOLUME			
TANK NO.:		BARRELS			
		GALLONS <b>2000</b>			

DISPOSAL COPY

TOMER: <u>Inland</u>		TYPE OF SERVICE <input type="checkbox"/> BARRELS <input checked="" type="checkbox"/> TANK <input type="checkbox"/> OTHER		TYPE OF LIQUID <input type="checkbox"/> ACID <input type="checkbox"/> SOLVENT <input type="checkbox"/> OIL <input type="checkbox"/> CAUSTIC <input type="checkbox"/> CYANIDE <input checked="" type="checkbox"/> OTHER	
LOCATION: <u>Vandalia Ohio</u>		DISPOSAL FACILITY <input type="checkbox"/> I.W.D. <input type="checkbox"/> SYSTECH <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER		REMARKS: <u>Asbestos/H<sub>2</sub>O</u> <u>Not D.O.T.</u> <u>CLASSIFIED</u> <u>IN 9:00</u> <u>OUT 9:35</u>	
TRUCK NO.: <u>6006</u>	DATE: <u>5-11-79</u>	VOLUME BARRELS GALLONS <u>2000</u>			
CONSIGNOR REPRESENTATIVE: <u>[Signature]</u>					
DISPOSAL FACILITY REPRESENTATIVE: <u>Louis Hall</u>					
TANKAGE TRANSFER: GALLONS: _____ TANK NO.: _____					

DISPOSAL COPY



INDUSTRIAL WASTE DISPOSAL  
MAIN OFFICE: 3975 WAGONER FORD RD.  
DAYTON, OHIO 45414  
(513) 278-0821

☒ I.W.D. LIQUID WASTE  
3106 SNYDER-DOMER RD.  
SPRINGFIELD, OHIO 45502  
(513) 969-8346

☐ I.W.D. CHEMICAL DISPOSAL  
133 TWIN BRIDGES RD.  
DANVILLE, INDIANA 46122  
(317) 745-2878

## HAZARDOUS WASTE MANIFEST

A 5611

## I. GENERATOR OF WASTE (Must be filled in by producer)

Name (print or type): INLAND MANUFACTURINGk up Address: ENGLE ROAD VANDALIA, OHIO 45377

(NO.) (STREET) (CITY)

Telephone Numbers: 227 8303 P. O. or Contract No. MV 549536Order Placed By: standing order Date: 5-11-79

Type of Industry (SIC No.): \_\_\_\_\_

Designated Disposal/Recovery Facility: IWD South Landfill, Kettering OH

## DESCRIPTION OF WASTE (Must be filled by producer)

Type of Waste: asbestos/water

(Indicate disposal facility code numbers)

Bulk Volume: 2000 gallons \_\_\_\_\_ tons \_\_\_\_\_ cubic yards \_\_\_\_\_ other (specify) \_\_\_\_\_

Containerized Waste: \_\_\_\_\_ drums \_\_\_\_\_ pallets \_\_\_\_\_ other \_\_\_\_\_

Physical State (circle): solid liquid sludge other (specify) \_\_\_\_\_Hazardous Properties (circle): none toxic flammable water-reactive strong sensitizer corrosive or irritant  
air-reactive other (specify) \_\_\_\_\_

pH (circle): less than 3 greater than 10

## Major Components:

(Ex: Hydrochloric acid, lead, lime, crude oil)

Concentrations: (% or ppm)

Upper Lower

1. Asbestos2. WATER

3. \_\_\_\_\_

4. \_\_\_\_\_

Special Handling Instructions (if any): gloves, gogglesClassifications: non hazardous-----no placarding requiredName of HAULER (print or type): I W D LIQUID WASTE INCBusiness address: 3106 Snyder Domer Road, Springfield, Ohio 45502

(NO.) (STREET) (CITY)

Telephone Number: 1 513 969 8346 Pick-up: \_\_\_\_\_ Times: \_\_\_\_\_ am pm

Waste Hauler's Permit No. (if applicable): \_\_\_\_\_

We certify that the described waste will be delivered to the disposal facility named above.

The HAULER shall retain Copy 2 after delivery.

SIGNATURE OF HAULER OR AUTHORIZED AGENT AND TITLE

We certify that the above described waste was delivered to the hauler named herein for disposal at the site named above.

SHIPPER'S CERTIFICATION: This is to certify that the above named materials are properly classified, described, packaged, marked and labeled and are in proper condition for transportation according to the applicable regulations of the Department of Transportation.

DATE 5-11-79

SIGNATURE OF GENERATOR OR AUTHORIZED AGENT AND TITLE

The GENERATOR shall retain Copy 4 of this manifest after completing the GENERATOR and WASTE DESCRIPTION portions.

## II. DISPOSER OF WASTE (Must be filled in by disposer)

Name (print or type): \_\_\_\_\_

Site Address: \_\_\_\_\_

We certify that the hauler named above delivered the described waste to this disposal facility.

Permit No. \_\_\_\_\_ Volume measured at site (if applicable): \_\_\_\_\_

Treatment or Recovery Process (circle): Treatment Spreading Area SLF Area Other (specify): \_\_\_\_\_

If waste is to be held for disposal elsewhere, specify final location:

Disposal Date: \_\_\_\_\_

SIGNATURE OF DISPOSER OR AUTHORIZED AGENT AND TITLE

OWNER: <u>INLAND</u>		TYPE OF SERVICE <input checked="" type="checkbox"/> BARRELS <input checked="" type="checkbox"/> TANK <input type="checkbox"/> OTHER		TYPE OF LIQUID <input type="checkbox"/> ACID <input type="checkbox"/> SOLVENT <input type="checkbox"/> OIL <input type="checkbox"/> CAUSTIC <input type="checkbox"/> CYANIDE <input checked="" type="checkbox"/> OTHER	
LOCATION: <u>VANDALIA, Ohio</u>		DISPOSAL FACILITY <input type="checkbox"/> I.W.D. <input type="checkbox"/> SYSTECH <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER		REMARKS: <u>Asbestos/WATER</u> <u>Not Classified</u> <u>in 1200</u> <u>54 12:30</u>	
TRUCK NO.: <u>601</u>	DATE: <u>5-10-79</u>	VOLUME BARRELS GALLONS <u>7000</u>			
CONSIGNOR REPRESENTATIVE: <u>[Signature]</u>		L.W.D. LIQUID WASTE:		DISPOSAL COPY	
DISPOSAL FACILITY REPRESENTATIVE: <u>Lois Hall</u>					
TANKAGE TRANSFER:					
GALLONS: _____					
TANK NO.: _____					



INDUSTRIAL WASTE DISPOSAL  
MAIN OFFICE: 3975 WAGONER FORD RD.  
DAYTON, OHIO 45414  
(513) 278-0821

☒ I.W.D. LIQUID WASTE  
3106 SNYDER-DOMER RD.  
SPRINGFIELD, OHIO 45502  
(513) 969-8346

☐ I.W.D. CHEMICAL DISPOSAL  
133 TWIN BRIDGES RD.  
DANVILLE, INDIANA 46122  
(317) 745-2878

## HAZARDOUS WASTE MANIFEST

A 5877

## I. GENERATOR OF WASTE (Must be filled in by producer)

Name (print or type): INLAND MANUFACTURINGAddress: ENGLE ROAD, VANDALIA, OHIO 45377

(NO.)

(STREET)

(CITY)

Telephone Numbers: 227 8303

P. O. or Contract No.

Blanket OrderOrder Placed By: Jerry Timms

Date:

5-10-79

Type of Industry (SIC No.): \_\_\_\_\_

Designated Disposal/Recovery Facility: I W D South Landfill, Kettering, Ohio

## DESCRIPTION OF WASTE (Must be filled by producer)

Type of Waste: asbestos/water

(Indicate disposal facility code numbers)

Bulk Volume: 7000 gallons \_\_\_\_\_ tons \_\_\_\_\_ cubic yards \_\_\_\_\_ other(specify) \_\_\_\_\_

Containerized Waste: \_\_\_\_\_ drums \_\_\_\_\_ pallets \_\_\_\_\_ other \_\_\_\_\_

Physical State (circle): solid liquid sludge other(specify) \_\_\_\_\_

Hazardous Properties (circle): none toxic flammable water-reactive strong sensitizer corrosive or irritant

air-reactive

other(specify) \_\_\_\_\_

pH (circle): less than 3 greater than 10

## Major Components:

(Ex: Hydrochloric acid, lead, lime, crude oil)

Concentrations: (% or ppm)

Upper

Lower

1. ASBESTOS2. WATER

3. \_\_\_\_\_

4. \_\_\_\_\_

Special Handling Instructions (if any): gloves, goggles, hard hat with face shieldClassifications: non hazardous-----h no placarding requiredName of HAULER (print or type): I W D LIQUID WASTE INCBusiness address: 3106 Snyder Domer Road, Springfield, Ohio

(NO.)

(STREET)

(CITY)

Telephone Number: 1 513 969 8346

Pick-up:

Times:

am

pm

Waste Hauler's Permit No. (if applicable): \_\_\_\_\_

We certify that the described waste will be delivered to the disposal facility named above.

The HAULER shall retain Copy 2 after delivery.

[Signature]  
SIGNATURE OF HAULER OR AUTHORIZED AGENT AND TITLE

We certify that the above described waste was delivered to the hauler named herein for disposal at the site named above.

SHIPPER'S CERTIFICATION: This is to certify that the above named materials are properly classified, described, packaged, marked, labelled and are in proper condition for transportation according to the applicable regulations of the Department of Transportation.

DATE

5-10-79[Signature]  
SIGNATURE OF GENERATOR OR AUTHORIZED AGENT AND TITLE

The GENERATOR shall retain Copy 4 of this manifest after completing the GENERATOR and WASTE DESCRIPTION portions.

## II. DISPOSER OF WASTE (Must be filled in by disposer)

Name (print or type): \_\_\_\_\_

Site Address: \_\_\_\_\_

We certify that the hauler named above delivered the described waste to this disposal facility.

Permit No. \_\_\_\_\_

Volume measured at site (if applicable): \_\_\_\_\_

Treatment or Recovery Process (circle): Treatment Spreading Area SLF Area Other (specify): \_\_\_\_\_

If waste is to be held for disposal elsewhere, specify final location: \_\_\_\_\_

Disposal Date: \_\_\_\_\_

[Signature]  
SIGNATURE OF DISPOSER OR AUTHORIZED AGENT AND TITLE

OF LADING

I.W.D. LIQUID WASTE INC.

10000

OWNER: <u>Inland</u>		TYPE OF SERVICE <input type="checkbox"/> BARRELS <input checked="" type="checkbox"/> TANK <input type="checkbox"/> OTHER		TYPE OF LIQUID <input type="checkbox"/> ACID <input type="checkbox"/> SOLVENT <input type="checkbox"/> OIL <input type="checkbox"/> CAUSTIC <input type="checkbox"/> CYANIDE <input checked="" type="checkbox"/> OTHER	
LOCATION: <u>Vandalia Ohio</u>		DISPOSAL FACILITY <input type="checkbox"/> I.W.D. <input type="checkbox"/> SVSTECH <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER		REMARKS: <u>Asbestos / H<sub>2</sub>O</u>	
TRUCK NO.: <u>6001</u>	DATE: <u>5-8-79</u>	VOLUME BARRELS GALLONS <u>1500</u>			
CONSIGNOR REPRESENTATIVE: <u>Kerry L. Woodham</u>					
DISPOSAL FACILITY REPRESENTATIVE: <u>Luis Hall</u>					
TANKAGE TRANSFER:					
GALLONS:					
TANK NO.:					

DISPOSAL COPY



INDUSTRIAL WASTE DISPOSAL  
MAIN OFFICE: 3975 WAGONER FORD RD.  
DAYTON, OHIO 45414  
(513) 278-0821

☒ I.W.D. LIQUID WASTE  
3106 SNYDER-DOMER RD.  
SPRINGFIELD, OHIO 45502  
(513) 969-8346

☐ I.W.D. CHEMICAL DISPOSAL  
133 TWIN BRIDGES RD.  
DANVILLE, INDIANA 46122  
(317) 745-2878

## HAZARDOUS WASTE MANIFEST

A 5875

## I. GENERATOR OF WASTE (Must be filled in by producer)

Name (print or type): INLAND MANUFACTURINGUp Address: Engle Road, Vandalia, Ohio  
(NO.) (STREET) (CITY)Telephone Numbers: 227 8166P. O. or Contract No. Blanket OrderOrder Placed By: Jerry TimmsDate: 5-8-79Type of Industry (SIC No.) MFGDesignated Disposal/Recovery Facility: I W D SOUTH LANDFILL Kettering OH

## DESCRIPTION OF WASTE (Must be filled by producer)

Type of Waste: asbestos & water

(Indicate disposal facility code numbers)

Bulk Volume: 1500 gallons \_\_\_\_\_ tons \_\_\_\_\_ cubic yards \_\_\_\_\_ other (specify) \_\_\_\_\_

Containerized Waste: \_\_\_\_\_ drums \_\_\_\_\_ pallets \_\_\_\_\_ other \_\_\_\_\_

Physical State (circle): solid liquid sludge other (specify) \_\_\_\_\_Hazardous Properties (circle): none toxic flammable water-reactive strong sensitizer corrosive or irritant  
air-reactive other (specify) \_\_\_\_\_

pH (circle): less than 3 greater than 10

Major Components:

(Ex: Hydrochloric acid, lead, lime, crude oil)

Concentrations: (% or ppm)

Upper

Lower

1. Asbestos2. WATER

3. \_\_\_\_\_

4. \_\_\_\_\_

Special Handling Instructions (if any): goggles, gloves, hard hat with face shieldClassifications: non hazardous-----no placarding requiredName of HAULER (print or type): I W D LIQUID WASTE INCBusiness address: 3106 Snyder Domer Road, Springfield, Ohio 45502

(NO.)

(STREET)

(CITY)

Telephone Number: 1 513 969 8346

Pick-up: \_\_\_\_\_

Times: \_\_\_\_\_

am  
pm

Waste Hauler's Permit No. (if applicable): \_\_\_\_\_

We certify that the described waste will be delivered to the disposal facility named above.

The HAULER shall retain Copy 2 after delivery.

SIGNATURE OF HAULER OR AUTHORIZED AGENT AND TITLE

We certify that the above described waste was delivered to the hauler named herein for disposal at the site named above.

SHIPPER'S CERTIFICATION: This is to certify that the above named materials are properly classified, described, packaged, marked  
I labelled and are in proper condition for transportation according to the applicable regulations of the Department of  
transportation.

DATE

SIGNATURE OF GENERATOR OR AUTHORIZED AGENT AND TITLE

The GENERATOR shall retain Copy 4 of this manifest after completing the GENERATOR and WASTE DESCRIPTION portions.

## II. DISPOSER OF WASTE (Must be filled in by disposer)

Name (print or type): \_\_\_\_\_

Site Address: \_\_\_\_\_

We certify that the hauler named above delivered the described waste to this disposal facility.

Permit No. \_\_\_\_\_ Volume measured at site (if applicable): \_\_\_\_\_

Treatment or Recovery Process (circle): Treatment Spreading Area SLF Area Other (specify): \_\_\_\_\_

If waste is to be held for disposal elsewhere, specify final location: \_\_\_\_\_

Disposal Date: \_\_\_\_\_

SIGNATURE OF DISPOSER OR AUTHORIZED AGENT AND TITLE

BILL OF LADING

I.W.D. LIQUID WASTE INC.

10007

OWNER <u>INLAND</u>		TYPE OF SERVICE <input type="checkbox"/> BARRELS <input checked="" type="checkbox"/> TANK <input type="checkbox"/> OTHER		TYPE OF LIQUID <input type="checkbox"/> ACID <input type="checkbox"/> SOLVENT <input type="checkbox"/> OIL <input type="checkbox"/> CAUSTIC <input type="checkbox"/> CYANIDE <input checked="" type="checkbox"/> OTHER	
LOCATION <u>VANDALIA OHIO</u>		DISPOSAL FACILITY <input type="checkbox"/> I.W.D. <input type="checkbox"/> SYSTECH <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER		REMARKS <u>Asbestos/WATER</u> <u>Not Classified</u> <u>1 in 3:36</u> <u>out 3:40</u>	
TRUCK NO. <u>1016</u>	DATE <u>5-7-79</u>	VOLUME			
CONSIGNOR REPRESENTATIVE: <u>[Signature]</u>		BARRELS			
L.W.D. LIQUID WASTE: <u>1016-11</u>		GALLONS <u>1500</u>			
DISPOSAL FACILITY REPRESENTATIVE: <u>Louis Hall</u>		TANKAGE TRANSFER:		DISPOSAL COPY	
GALLONS:		TANK NO.:			



INDUSTRIAL WASTE DISPOSAL  
MAIN OFFICE: 3975 WAGONER FORD RD.  
DAYTON, OHIO 45414  
(513) 278-0821

☒ I.W.D. LIQUID WASTE  
3106 SNYDER-DOMER RD.  
SPRINGFIELD, OHIO 45502  
(513) 969-8346

☐ I.W.D. CHEMICAL DISPOSAL  
133 TWIN BRIDGES RD.  
DANVILLE, INDIANA 46122  
(317) 745-2878

## HAZARDOUS WASTE MANIFEST

A 5889

## I. GENERATOR OF WASTE (Must be filled in by producer)

Name (print or type): INLANDPick up Address: Engle Rd VANDALIA  
(NO.) (STREET) (CITY)

Phone Numbers: \_\_\_\_\_ P. O. or Contract No. \_\_\_\_\_

Order Placed By: DEPT 830Date: 5-7-79Type of Industry (SIC No.): MFGDesignated Disposal/Recovery Facility: IWD South LANDFILL

## DESCRIPTION OF WASTE (Must be filled by producer)

Type of Waste: Asbestos/WATER

(Indicate disposal facility code numbers)

Bulk Volume: 2000 gallons \_\_\_\_\_ tons \_\_\_\_\_ cubic yards \_\_\_\_\_ other (specify) \_\_\_\_\_

Containerized Waste: \_\_\_\_\_ drums \_\_\_\_\_ pallets \_\_\_\_\_ other \_\_\_\_\_

Physical State (circle): solid liquid sludge other (specify) \_\_\_\_\_Hazardous Properties (circle): none toxic flammable water-reactive strong sensitizer corrosive or irritant  
air-reactive other (specify) \_\_\_\_\_

pH (circle): less than 3 greater than 10

## Major Components:

(Ex: Hydrochloric acid, lead, lime, crude oil)

Concentrations: (% or ppm)

Upper Lower

1. Asbestos2. WATER

3. \_\_\_\_\_

4. \_\_\_\_\_

Special Handling Instructions (if any): NONEDOT Classifications: Not ClassifiedName of HAULER (print or type): IWD Liquid Waste Inc.Business address: 3106 SNYDER-DOMER RD. SPRINGFIELD OHIO  
(NO.) (STREET) (CITY)Telephone Number: 513-969-8346 Pick-up: \_\_\_\_\_ Times: \_\_\_\_\_ am pm

Waste Hauler's Permit No. (if applicable): \_\_\_\_\_

We certify that the described waste will be delivered to the disposal facility named above.

The HAULER shall retain Copy 2 after delivery.

SIGNATURE OF HAULER OR AUTHORIZED AGENT AND TITLE  
[Signature]

We certify that the above described waste was delivered to the hauler named herein for disposal at the site named above.

SHIPPER'S CERTIFICATION: This is to certify that the above named materials are properly classified, described, packaged, marked and labelled and are in proper condition for transportation according to the applicable regulations of the Department of Transportation.

DATE

SIGNATURE OF GENERATOR OR AUTHORIZED AGENT AND TITLE  
[Signature]

The GENERATOR shall retain Copy 4 of this manifest after completing the GENERATOR and WASTE DESCRIPTION portions.

## II. DISPOSER OF WASTE (Must be filled in by disposer)

Name (print or type): \_\_\_\_\_

Site Address: \_\_\_\_\_

We certify that the hauler named above delivered the described waste to this disposal facility.

Permit No. \_\_\_\_\_ Volume measured at site (if applicable): \_\_\_\_\_

Treatment or Recovery Process (circle): Treatment Spreading Area SLF Area Other (specify): \_\_\_\_\_

If waste is to be held for disposal elsewhere, specify final location: \_\_\_\_\_

Disposal Date: \_\_\_\_\_

SIGNATURE OF DISPOSER OR AUTHORIZED AGENT AND TITLE  
Louis Hall



**INDUSTRIAL WASTE DISPOSAL**  
MAIN OFFICE: 3975 WAGONER FORD RD.  
DAYTON, OHIO 45414  
(513) 278-0821

☒ **W.D. LIQUID WASTE**  
3106 SNYDER-DOMER RD.  
SPRINGFIELD, OHIO 45502  
(513) 969-8346

☐ **I.W.D. CHEMICAL DISPOSAL**  
133 TWIN BRIDGES RD.  
DANVILLE, INDIANA 46122  
(317) 745-2878

**HAZARDOUS WASTE MANIFEST**

**A 5876**

**I. GENERATOR OF WASTE (Must be filled in by producer)**

Name (print or type): **INLAND MANUFACTURING**

Pick up Address: **Engle Road, Vandalia, Ohio 45377**

(NO.) (STREET) (CITY)

Telephone Numbers: **227 8303** P. O. or Contract No. **Blanket Order**

Placed By: **Jerry Timms**

Date:

Type of Industry (SIC No.)

Designated Disposal/Recovery Facility: **I W D SOUTH LANDFILL, OHIO**

**DESCRIPTION OF WASTE (Must be filled by producer)**

Type of Waste: **asbestos & waster**

(Indicate disposal facility code numbers)

Bulk Volume: **2000** gallons \_\_\_\_\_ tons \_\_\_\_\_ cubic yards \_\_\_\_\_ other (specify) \_\_\_\_\_

Containerized Waste: \_\_\_\_\_ drums \_\_\_\_\_ pallets \_\_\_\_\_ other \_\_\_\_\_

Physical State (circle): solid \_\_\_\_\_ liquid **liquid** sludge other (specify) \_\_\_\_\_

Hazardous Properties (circle): **none** toxic flammable water-reactive strong sensitizer corrosive or irritant  
air-reactive other (specify) \_\_\_\_\_

pH (circle): less than 3 greater than 10

Major Components:

(Ex: Hydrochloric acid, lead, lime, crude oil)

Concentrations: (% or ppm)

Upper

Lower

1. **Asbestos**

2. **water**

3.

4.

Special Handling Instructions (if any): **gloves, goggles, hard hat with face shield**

DOT Classifications: **non hazardous-----no placarding required**

Name of HAULER (print or type): **I W D LIQUID WASTE INC**

Address: **3106 Snyder Domer Road Springfield, Ohio**

(NO.) (STREET) (CITY)

Telephone Number: **1 513 969 8346** Pick-up: \_\_\_\_\_ Times: \_\_\_\_\_ am pm

Waste Hauler's Permit No. (if applicable):

We certify that the described waste will be delivered to the disposal facility named above.

The HAULER shall retain Copy 2 after delivery.

**Kerry L. Woodman**  
SIGNATURE OF HAULER OR AUTHORIZED AGENT AND TITLE

We certify that the above described waste was delivered to the hauler named herein for disposal at the site named above.

**SHIPPER'S CERTIFICATION:** This is to certify that the above named materials are properly classified, described, packaged, marked and labelled and are in proper condition for transportation according to the applicable regulations of the Department of Transportation.

DATE

**L. P. M.**  
SIGNATURE OF GENERATOR OR AUTHORIZED AGENT AND TITLE

The GENERATOR shall retain Copy 4 of this manifest after completing the GENERATOR and WASTE DESCRIPTION portions.

**II. DISPOSER OF WASTE (Must be filled in by disposer)**

Name (print or type):

Site Address:

We certify that the hauler named above delivered the described waste to this disposal facility.

Permit No. \_\_\_\_\_ Volume measured at site (if applicable):

Treatment or Recovery Process (circle): Treatment Spreading Area SLF Area Other (specify):

If waste is to be held for disposal elsewhere, specify final location:

Disposal Date:

**L. P. M.**  
SIGNATURE OF DISPOSER OR AUTHORIZED AGENT AND TITLE

CHEMTREC 1/800/424-9300

DISPOSAL FACILITY

TOMER: <b>WILAND MFG</b> LOCATION: <b>VANDALIA, OH</b>		TYPE OF SERVICE <input checked="" type="checkbox"/> BARRELS <input type="checkbox"/> TANK <input type="checkbox"/> OTHER DISPOSAL FACILITY <input type="checkbox"/> I.W.D. <input type="checkbox"/> SYSTECH <input checked="" type="checkbox"/> LANDFILL <b>SO</b> <input type="checkbox"/> OTHER	TYPE OF LIQUID <input type="checkbox"/> ACID <input type="checkbox"/> SOLVENT <input type="checkbox"/> OIL <input type="checkbox"/> CAUSTIC <input type="checkbox"/> CYANIDE <input checked="" type="checkbox"/> OTHER <b>IN PLANT - 10.50</b> <b>CUT " - 11.45</b> <b>ASBESTOS &amp; H2O</b> <b>DOT HIR CHAS</b> <b>NOT LISTED</b>
TRUCK NO.: <b>601</b> DATE: <b>6-6-79</b> CONSIGNEE REPRESENTATIVE: <b>W. Thomas</b> I.W.D. LIQUID WASTE: <b>W. Thomas</b> DISPOSAL FACILITY REPRESENTATIVE: <b>John Nall</b> TANKAGE TRANSFER: GALLONS: TANK NO.:	REMARKS: <b>ASBESTOS &amp; H2O</b> <b>DOT HIR CHAS</b> <b>NOT LISTED</b>		

DISPOSAL COPY



**INDUSTRIAL WASTE DISPOSAL**  
 MAIN OFFICE: 3975 WAGONER FORD RD.  
 DAYTON, OHIO 45414  
 (513) 278-0821

☒ **I.W.D. LIQUID WASTE**  
 3106 SNYDER-DOMER RD.  
 SPRINGFIELD, OHIO 45502  
 (513) 969-8346

☐ **I.W.D. CHEMICAL DISPOSAL**  
 133 TWIN BRIDGES RD.  
 DANVILLE, INDIANA 46122  
 (317) 745-2878

**HAZARDOUS WASTE MANIFEST**

**A 2438**

**I. GENERATOR OF WASTE (Must be filled in by producer)**

Name (print or type): **WILAND MFG**  
 Pick up Address: **ENGLE RD VANDALIA, OH**  
 (NO.) (STREET) (CITY)  
 Telephone Numbers: **513 227-8166** P. O. or Contract No. **BLANKET ORDER**  
 Order Placed By: **W. THOMAS** Date: **6-6-79**  
 Type of Industry (SIC No.): **MFG CO**  
 Designated Disposal/Recovery Facility: **WLD ~~DEP~~ SOUTH LANDFILL, DAYTON, OH**  
 DESCRIPTION OF WASTE (Must be filled in by producer)  
 Type of Waste: **ASBESTOS & H2O**  
 (Indicate disposal facility code numbers)

Bulk Volume: **2400** gallons \_\_\_\_\_ tons \_\_\_\_\_ cubic yards \_\_\_\_\_ other (specify) \_\_\_\_\_  
 Containerized Waste: \_\_\_\_\_ drums \_\_\_\_\_ pallets \_\_\_\_\_ other \_\_\_\_\_  
 Physical State (circle): solid ☒ liquid \_\_\_\_\_ sludge \_\_\_\_\_ other (specify) \_\_\_\_\_  
 Hazardous Properties (circle): none ☒ toxic \_\_\_\_\_ flammable \_\_\_\_\_ water-reactive \_\_\_\_\_ strong sensitizer \_\_\_\_\_ corrosive or irritant \_\_\_\_\_  
 air-reactive \_\_\_\_\_ other (specify) \_\_\_\_\_  
 pH (circle): less than 3 \_\_\_\_\_ greater than 10 \_\_\_\_\_

Major Components: \_\_\_\_\_ Concentrations: (% or ppm)  
 (Ex: Hydrochloric acid, lead, lime, crude oil) Upper Lower  
 1. **ASBESTOS** \_\_\_\_\_  
 2. **WATER** \_\_\_\_\_  
 3. \_\_\_\_\_  
 4. \_\_\_\_\_

Special Handling Instructions (if any): \_\_\_\_\_

JT Classifications: **NOT LISTED**  
 Name of HAULER (print or type): **3106 SNYDER-DOMER RD SPRINGFIELD OH**  
 Business address: **WLD LIQUID WASTE**  
 (NO.) (STREET) (CITY)  
 Telephone Number: **513 969 8346** Pick-up: \_\_\_\_\_ Times: **6-6-79 11:30 am**

Waste Hauler's Permit No. (if applicable): \_\_\_\_\_  
 We certify that the described waste will be delivered to the disposal facility named above.

The HAULER shall retain Copy 3 after delivery. SIGNATURE OF HAULER OR AUTHORIZED AGENT AND TITLE

We certify that the above described waste was delivered to the hauler named herein for disposal at the site named above.

SHIPPER'S CERTIFICATION: This is to certify that the above named materials are properly classified, described, packaged, marked and labelled and are in proper condition for transportation according to the applicable regulations of the Department of Transportation.

DATE: **6-6-79** SIGNATURE OF GENERATOR OR AUTHORIZED AGENT AND TITLE

The GENERATOR shall retain Copy 2 of this manifest after completing the GENERATOR and WASTE DESCRIPTION portions.

**II. DISPOSER OF WASTE (Must be filled in by disposer)**

Name (print or type): \_\_\_\_\_

Site Address: \_\_\_\_\_

We certify that the hauler named above delivered the described waste to this disposal facility.

Permit No. \_\_\_\_\_

Volume measured at site (if applicable): \_\_\_\_\_

Treatment or Recovery Process (circle): Treatment \_\_\_\_\_ Spreading Area \_\_\_\_\_ SLF Area \_\_\_\_\_ Other (specify): \_\_\_\_\_

If waste is to be held for disposal elsewhere, specify final location: **L. H. 11.00**

BILL OF LADING

I.W.D. LIQUID WASTE INC.

17422

OMER:		TYPE OF SERVICE		TYPE OF LIQUID	
LOCATION: Vandalia, Ohio		<input type="checkbox"/> BARRELS		<input type="checkbox"/> ACID	
TRUCK NO. 1001		<input checked="" type="checkbox"/> TANK		<input type="checkbox"/> SOLVENT	
DATE: 6-5-79		<input type="checkbox"/> OTHER		<input type="checkbox"/> OIL	
CONSIGNOR REPRESENTATIVE: W. J. Thomas		DISPOSAL FACILITY		<input type="checkbox"/> CAUSTIC	
L.W.D. LIQUID WASTE:		<input type="checkbox"/> L.W.D.		<input checked="" type="checkbox"/> CYANIDE	
DISPOSAL FACILITY REPRESENTATIVE: Lois Hall		<input type="checkbox"/> SYSTECH		<input checked="" type="checkbox"/> OTHER	
TANKAGE TRANSFER:		<input checked="" type="checkbox"/> LANDFILL		REMARKS: w/ 9:55 cut 10:35 "Non-Haz - D045"	
GALLONS:		<input type="checkbox"/> OTHER			
TANK NO.:		VOLUME			
		BARRELS			
		GALLONS 2000			

DISPOSAL COPY



INDUSTRIAL WASTE DISPOSAL  
MAIN OFFICE: 3975 WAGONER FORD RD.  
DAYTON, OHIO 45414  
(513) 278-0821

☒ I.W.D. LIQUID WASTE  
2222 3706 SNYDER-DOMER RD.  
SPRINGFIELD, OHIO 45502  
(513) 969-8346

☐ I.W.D. CHEMICAL DISPOSAL  
133 TWIN BRIDGES RD.  
DANVILLE, INDIANA 46122  
(317) 745-2878

## HAZARDOUS WASTE MANIFEST

A 2399

## I. GENERATOR OF WASTE (Must be filled in by producer)

Name (print or type): INLAND MANUFACTURINGPick up Address: Engle Road, , , , Vandalia, Ohio

(NO.) (STREET) (CITY)

Telephone Numbers: 227 8303 P. O. or Contract No. BlanketOrder Placed By: standing order Date: June 5 1979

Type of Industry (SIC No.): \_\_\_\_\_

Designated Disposal/Recovery Facility: I W D SOUTH LANDFILL, KETTERING OH

## DESCRIPTION OF WASTE (Must be filled by producer)

Type of Waste: asbestos/water

(Indicate disposal facility code numbers)

Bulk Volume: 2000 gallons \_\_\_\_\_ tons \_\_\_\_\_ cubic yards \_\_\_\_\_ other (specify) \_\_\_\_\_

Containerized Waste: \_\_\_\_\_ drums \_\_\_\_\_ pallets \_\_\_\_\_ other \_\_\_\_\_

Physical State (circle): solid liquid sludge other (specify) \_\_\_\_\_Hazardous Properties (circle): none toxic flammable water-reactive strong sensitizer corrosive or irritant

air-reactive other (specify) \_\_\_\_\_

pH (circle): less than 3 greater than 10

## Major Components:

(Ex: Hydrochloric acid, lead, lime, crude oil)

Concentrations: (% or ppm)

Upper Lower

1. Asbestos Dust2. WATER

3. \_\_\_\_\_

4. \_\_\_\_\_

Special Handling Instructions (if any): gloves, goggles, hard hat with face shield,DOT Classifications: non hazardous-----no placarding requiredName of HAULER (print or type): I W D LIQUID WASTE INCBusiness address: 3106 Snyder Domer Road, Springfield, Ohio 45502

(NO.) (STREET) (CITY)

Telephone Number: 1 513 969 8346 Pick-up: \_\_\_\_\_ Times: \_\_\_\_\_ am pm

Waste Hauler's Permit No. (if applicable): \_\_\_\_\_

We certify that the described waste will be delivered to the disposal facility named above.

The HAULER shall retain Copy 3 after delivery.

SIGNATURE OF HAULER OR AUTHORIZED AGENT AND TITLE

We certify that the above described waste was delivered to the hauler named herein for disposal at the site named above.

SHIPPER'S CERTIFICATION: This is to certify that the above named materials are properly classified, described, packaged, marked and labelled and are in proper condition for transportation according to the applicable regulations of the Department of Transportation.

DATE: 6-5-79

SIGNATURE OF GENERATOR OR AUTHORIZED AGENT AND TITLE

The GENERATOR shall retain Copy 2 of this manifest after completing the GENERATOR and WASTE DESCRIPTION portions.

## II. DISPOSER OF WASTE (Must be filled in by disposer)

Name (print or type): \_\_\_\_\_

Site Address: \_\_\_\_\_

We certify that the hauler named above delivered the described waste to this disposal facility.

Permit No. \_\_\_\_\_

Volume measured at site (if applicable): \_\_\_\_\_

Treatment or Recovery Process (circle): Treatment Spreading Area SLF Area Other (specify): \_\_\_\_\_

If site is to be held for disposal elsewhere, specify final location: \_\_\_\_\_



# I.W.D. LIQUID WASTE INC.

17416

<b>OWNER:</b> [Signature]		<b>TYPE OF SERVICE</b> <input type="checkbox"/> BARRELS <input checked="" type="checkbox"/> TANK <input type="checkbox"/> OTHER	<b>TYPE OF LIQUID</b> <input type="checkbox"/> ACID <input type="checkbox"/> SOLVENT <input type="checkbox"/> OIL <input type="checkbox"/> CAUSTIC <input checked="" type="checkbox"/> CYANIDE <input checked="" type="checkbox"/> OTHER
<b>LOCATION:</b> VANDALIA Ohio		<b>DISPOSAL FACILITY</b> <input type="checkbox"/> I.W.D. <input type="checkbox"/> SYSTECH <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER	DISPOSAL COPY REMARKS: ASBESTOS/WATER NOT CLASSIFIED IN 1:15 out 2:10
<b>TRUCK NO.:</b> 1001	<b>DATE:</b> 6-1-79		
<b>CONSIGNOR REPRESENTATIVE:</b> W. Thomas			
<b>I.W.D. LIQUID WASTE:</b> Dennis L. Woodham			
<b>DISPOSAL FACILITY REPRESENTATIVE:</b> Lois Hall			
<b>TANKAGE TRANSFER:</b> GALLONS: _____ TANK NO.: _____		<b>VOLUME</b> BARRELS: _____ GALLONS: 2000 out 2:10	



**INDUSTRIAL WASTE DISPOSAL**  
 MAIN OFFICE: 3975 WAGONER FORD RD.  
 DAYTON, OHIO 45414  
 (513) 278-0821

**XXXX I.W.D. LIQUID WASTE**  
 3106 SNYDER-DOMER RD.  
 SPRINGFIELD, OHIO 45502  
 (513) 969-8346

☐ **I.W.D. CHEMICAL DISPOSAL**  
 133 TWIN BRIDGES RD.  
 DANVILLE, INDIANA 46122  
 (317) 745-2878

## HAZARDOUS WASTE MANIFEST

**A 2383**

### I. GENERATOR OF WASTE (Must be filled in by producer)

Name (print or type): Inland Manufacturing

Address: Engle Road, Vandalia, Ohio 45377  
 (NO.) (STREET) (CITY)

Telephone Numbers: 227 8166 P. O. or Contract No. Blanket

Order Placed By: Jerry Cox Date: ASAP

Type of Industry (SIC No.): \_\_\_\_\_

Designated Disposal/Recovery Facility: I W D XXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXX Kettering, Oh

DESCRIPTION OF WASTE (Must be filled by producer)

Type of Waste: asbestos/water  
 (Indicate disposal facility code numbers)

Bulk Volume: 2000 gallons \_\_\_\_\_ tons \_\_\_\_\_ cubic yards \_\_\_\_\_ other(specify) \_\_\_\_\_

Containerized Waste: \_\_\_\_\_ drums \_\_\_\_\_ pallets \_\_\_\_\_ other \_\_\_\_\_

Physical State (circle): solid liquid sludge other(specify) \_\_\_\_\_

Hazardous Properties (circle): none toxic flammable water-reactive strong sensitizer corrosive or irritant  
 air-reactive other(specify) \_\_\_\_\_

pH (circle): less than 3 greater than 10

Major Components:  
 (Ex: Hydrochloric acid, lead, lime, crude oil)

Concentrations: (% or ppm)  
 Upper Lower

1. Asbestos

2. WATER

3. \_\_\_\_\_

4. \_\_\_\_\_

Special Handling Instructions (if any): NONE

DOT Classifications: non hazardous-----no placarding required

Name of HAULER (print or type): I W D LIQUID WASTE INC

Business address: 3106 Snyder Domer Road, Springfield, Ohio  
 (NO.) (STREET) (CITY)

Telephone Number: 1 513 969 8346 Pick-up: \_\_\_\_\_ Times: \_\_\_\_\_ am pm

Waste Hauler's Permit No. (if applicable): \_\_\_\_\_

We certify that the described waste will be delivered to the disposal facility named above.

The HAULER shall retain Copy 3 after delivery.

I certify that the above described waste was delivered to the hauler named herein for disposal at the site named above.

**SHIPPER'S CERTIFICATION:** This is to certify that the above named materials are properly classified, described, packaged, marked and labelled and are in proper condition for transportation according to the applicable regulations of the Department of Transportation.

DATE \_\_\_\_\_ SIGNATURE OF GENERATOR OR AUTHORIZED AGENT AND TITLE \_\_\_\_\_

The GENERATOR shall retain Copy 2 of this manifest after completing the GENERATOR and WASTE DESCRIPTION portions.

### II. DISPOSER OF WASTE (Must be filled in by disposer)

Name (print or type): \_\_\_\_\_

Site Address: \_\_\_\_\_

We certify that the hauler named above delivered the described waste to this disposal facility.

Permit No. \_\_\_\_\_

Volume measured at site (if applicable): \_\_\_\_\_

Treatment or Recovery Process (circle): Treatment Spreading Area SLF Area Other (specify): \_\_\_\_\_

BILL OF LADING

I.W.D. LIQUID WASTE INC.

11413

TOMER: <b>INLAND</b>		TYPE OF SERVICE <input type="checkbox"/> BARRELS <input checked="" type="checkbox"/> TANK <input type="checkbox"/> OTHER		TYPE OF LIQUID <input type="checkbox"/> ACID <input type="checkbox"/> SOLVENT <input type="checkbox"/> OIL <input type="checkbox"/> CAUSTIC <input type="checkbox"/> CYANIDE <input checked="" type="checkbox"/> OTHER	
LOCATION: <b>Vandalia Ohio</b>		DISPOSAL FACILITY <input type="checkbox"/> I.W.D. <input type="checkbox"/> SYSTECH <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER		REMARKS: <b>Asbestos/water</b> <b>NOT CLASSIFIED</b> <b>IN 10:20</b> <b>wait time 1:10 hr</b> <b>out 11:45</b>	
TRUCK NO.: <b>1601</b>	DATE: <b>5-31-79</b>	VOLUME BARRELS _____ GALLONS <b>2000</b>			
CONSIGNOR REPRESENTATIVE: <b>[Signature]</b>					
L.W.D. LIQUID WASTE: <b>[Signature]</b>					
DISPOSAL FACILITY REPRESENTATIVE: <b>[Signature]</b>					
TANKAGE TRANSFER: GALLONS: _____ TANK NO.: _____					

DISPOSAL COPY



INDUSTRIAL WASTE DISPOSAL  
MAIN OFFICE: 3975 WAGONER FORD RD.  
DAYTON, OHIO 45414  
(513) 278-0821

~~XXXXXX~~ I.W.D. LIQUID WASTE  
3106 SNYDER-DOMER RD.  
SPRINGFIELD, OHIO 45502  
(513) 969-8346

☐ I.W.D. CHEMICAL DISPOSAL  
133 TWIN BRIDGES RD.  
DANVILLE, INDIANA 46122  
(317) 745-2878

## HAZARDOUS WASTE MANIFEST

A 2362

## I. GENERATOR OF WASTE (Must be filled in by producer)

Name (print or type): **INLAND MANUFACTURING**Pick up Address: **Engle Road, Vandalia, Ohio 45377**  
(NO.) (STREET) (CITY)Telephone Numbers: **1 227 8303** P. O. or Contract No. **Blanket order**Order Placed By: **standing order** Date: **5-31-79**

Type of Industry (SIC No.): \_\_\_\_\_

Designated Disposal/Recovery Facility: **I W D South Landfill Kettering, Ohio**

## DESCRIPTION OF WASTE (Must be filled by producer)

Type of Waste: **asbestos/water**  
(Indicate disposal facility code numbers)Bulk Volume: **2000** gallons \_\_\_\_\_ tons \_\_\_\_\_ cubic yards \_\_\_\_\_ other (specify) \_\_\_\_\_

Containerized Waste: \_\_\_\_\_ drums \_\_\_\_\_ pallets \_\_\_\_\_ other \_\_\_\_\_

Physical State (circle): solid liquid sludge other (specify) \_\_\_\_\_Hazardous Properties (circle): none toxic flammable water-reactive strong sensitizer corrosive or irritant  
air-reactive other (specify) \_\_\_\_\_

pH (circle): less than 3 greater than 10

Major Components: \_\_\_\_\_ Concentrations: (% or ppm)  
(Ex: Hydrochloric acid, lead, lime, crude oil) Upper Lower1. **asbestos**2. **water**

3. \_\_\_\_\_

4. \_\_\_\_\_

Special Handling Instructions (if any): **gloves, hard hat with face shield, goggles,**DOT Classifications: **non hazardous, no placarding required**Name of HAULER (print or type): **I W D LIQUID WASTE INC**Business address: **3106 Snyder Domer Road, Springfield, Ohio 45502**  
(NO.) (STREET) (CITY)Telephone Number: **1 531 969 8346** Pick-up: \_\_\_\_\_ Times: \_\_\_\_\_ am pm

Waste Hauler's Permit No. (if applicable): \_\_\_\_\_

We certify that the described waste will be delivered to the disposal facility named above.

The HAULER shall retain Copy 3 after delivery.

SIGNATURE OF HAULER OR AUTHORIZED AGENT AND TITLE

We certify that the above described waste was delivered to the hauler named herein for disposal at the site named above.

SHIPPER'S CERTIFICATION: This is to certify that the above named materials are properly classified, described, packaged, marked and labelled and are in proper condition for transportation according to the applicable regulations of the Department of Transportation.

DATE \_\_\_\_\_ SIGNATURE OF GENERATOR OR AUTHORIZED AGENT AND TITLE

The GENERATOR shall retain Copy 2 of this manifest after completing the GENERATOR and WASTE DESCRIPTION portions.

## II. DISPOSER OF WASTE (Must be filled in by disposer)

Name (print or type): \_\_\_\_\_

Site Address: \_\_\_\_\_

We certify that the hauler named above delivered the described waste to this disposal facility.

Permit No. \_\_\_\_\_

Volume measured at site (if applicable): \_\_\_\_\_

Treatment or Recovery Process (circle): Treatment Spreading Area SLF Area Other (specify): \_\_\_\_\_

BILL OF LADING

I.W.D. LIQUID WASTE INC.

17406

OWNER: <u>I.W.D.</u>		TYPE OF SERVICE		TYPE OF LIQUID	
LOCATION: <u>Vandalia, Ohio</u>		<input type="checkbox"/> BARRELS <input checked="" type="checkbox"/> TANK <input type="checkbox"/> OTHER		<input type="checkbox"/> ACID <input type="checkbox"/> SOLVENT <input type="checkbox"/> OIL <input type="checkbox"/> CAUSTIC <input type="checkbox"/> CYANIDE <input checked="" type="checkbox"/> OTHER	
TRUCK NO.: <u>601</u>	DATE: <u>5-29-79</u>	DISPOSAL FACILITY		DISPOSAL COPY REMARKS <u>Asbestos/water</u> <u>Not Classified</u>	
CONSIGNOR REPRESENTATIVE: <u>[Signature]</u>		<input type="checkbox"/> I.W.D. <input type="checkbox"/> SYSTECH <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER			
I.W.D. LIQUID WASTE: <u>[Signature]</u>		VOLUME			
DISPOSAL FACILITY REPRESENTATIVE: <u>Louis Hall</u>		BARRELS <u>2000</u> GALLONS <u>0478.55</u>			
TANKAGE TRANSFER:					
GALLONS:					
TANK NO.:					

DISPOSAL

DAYTON, OHIO 45424  
(513) 278-0821SPRINGFIELD, OHIO 45502  
(513) 969-8346CINCINNATI, OHIO 45222  
(317) 745-2878

## HAZARDOUS WASTE MANIFEST

A 2344

## I. GENERATOR OF WASTE (Must be filled in by producer)

INLAND MANUFACTURING

Name (print or type):

Pick up Address: Engle Road, Vandalia, Ohio

(NO.) (STREET)

(CITY)

Telephone Numbers: 227 8303 P. O. or Contract No. Blanket OrderOrder Placed By: Standing order Date: 5-29-79Type of Industry (SIC No.) MFG.Designated Disposal/Recovery Facility: I W D South Landfill Kettering, Oh

## DESCRIPTION OF WASTE (Must be filled by producer)

Type of Waste: asbestos/water

(Indicate disposal facility code numbers)

Bulk Volume 2000 gallons \_\_\_\_\_ tons \_\_\_\_\_ cubic yards \_\_\_\_\_ other(specify) \_\_\_\_\_

Containerized Waste: \_\_\_\_\_ drums \_\_\_\_\_ pallets \_\_\_\_\_ other \_\_\_\_\_

Physical State (circle): solid liquid sludge other(specify) \_\_\_\_\_Hazardous Properties (circle): none toxic flammable water-reactive strong sensitizer corrosive or irritant

air-reactive other(specify) \_\_\_\_\_

pH (circle): less than 3 greater than 10

## Major Components:

(Ex: Hydrochloric acid, lead, lime, crude oil)

Concentrations: (% or ppm)

Upper

Lower

1. ASBESTOS2. WATER

3. \_\_\_\_\_

4. \_\_\_\_\_

Special Handling Instructions (if any): NONEDOT Classifications: non hazardous-----no placarding requiredName of HAULER (print or type): I W D LIQUID WASTE INCBusiness address: 3106 Snyder Domer Road, Springfield, Ohio 45502

(NO.) (STREET)

(CITY)

Telephone Number: 1 513 969 8346 Pick-up: \_\_\_\_\_ Times: \_\_\_\_\_ am pm

Waste Hauler's Permit No. (if applicable): \_\_\_\_\_

We certify that the described waste will be delivered to the disposal facility named above.

The HAULER shall retain Copy 3 after delivery.

SIGNATURE OF HAULER OR AUTHORIZED AGENT AND TITLE

We certify that the above described waste was delivered to the hauler named herein for disposal at the site named above.

SHIPPER'S CERTIFICATION: This is to certify that the above named materials are properly classified, described, packaged, marked and labelled and are in proper condition for transportation according to the applicable regulations of the Department of Transportation.

DATE 5-29-79 SIGNATURE OF GENERATOR OR AUTHORIZED AGENT AND TITLE

The GENERATOR shall retain Copy 2 of this manifest after completing the GENERATOR and WASTE DESCRIPTION portions.

## II. DISPOSER OF WASTE (Must be filled in by disposer)

Name (print or type): \_\_\_\_\_

Site Address: \_\_\_\_\_

We certify that the hauler named above delivered the described waste to this disposal facility.

Permit No. \_\_\_\_\_

Volume measured at site (if applicable): \_\_\_\_\_

Treatment or Recovery Process (circle): Treatment Spreading Area SLF Area Other (specify): \_\_\_\_\_

If waste is to be held for disposal elsewhere, specify final location: \_\_\_\_\_

Disposal Date: \_\_\_\_\_ SIGNATURE OF DISPOSER OR AUTHORIZED AGENT AND TITLE

DISPOSAL FACILITY

I.W.D. LIQUID WASTE INC.

10100

OMER:		TYPE OF SERVICE		TYPE OF LIQUID	
LOCATION:		<input type="checkbox"/> BARRELS		<input type="checkbox"/> ACID	
TRUCK NO.:		<input checked="" type="checkbox"/> TANK		<input type="checkbox"/> SOLVENT	
DATE:		<input type="checkbox"/> OTHER		<input type="checkbox"/> OIL	
CONSIGNOR REPRESENTATIVE:		DISPOSAL FACILITY		<input type="checkbox"/> CAUSTIC	
I.W.D. LIQUID WASTE:		<input type="checkbox"/> I.W.D.		<input type="checkbox"/> CYANIDE	
DISPOSAL FACILITY REPRESENTATIVE:		<input type="checkbox"/> SYSTECH		<input checked="" type="checkbox"/> OTHER	
TANKAGE TRANSFER:		<input checked="" type="checkbox"/> LANDFILL		REMARKS:	
GALLONS:		<input type="checkbox"/> OTHER		DISPOSAL COPY	
TANK NO.:		VOLUME			
		BARRELS			
		GALLONS			



INDUSTRIAL WASTE DISPOSAL  
MAIN OFFICE: 3975 WAGONER FORD RD.  
DAYTON, OHIO 45414  
(513) 278-0821

☒ I.W.D. LIQUID WASTE  
3106 SNYDER-DOMER RD.  
SPRINGFIELD, OHIO 45502  
(513) 969-8346

☐ I.W.D. CHEMICAL DISPOSAL  
133 TWIN BRIDGES RD.  
DANVILLE, INDIANA 46122  
(317) 745-2878

## HAZARDOUS WASTE MANIFEST

A 2319

## I. GENERATOR OF WASTE (Must be filled in by producer)

Name (print or type): INLAND MANUFACTURINGPick up Address: ENGLE ROAD, VANDALIA, OHIO 45377

(NO.) (STREET) (CITY)

Telephone Numbers: 227 8303P. O. or Contract No. Blanket Order #Order Placed By: Standing orderDate: 5-24-79

Type of Industry (SIC No.): \_\_\_\_\_

Designated Disposal/Recovery Facility: I W D South Landfill, Kettering, Oh

## DESCRIPTION OF WASTE (Must be filled by producer)

Type of Waste: asbestos/water

(Indicate disposal facility code numbers)

Bulk Volume: 2000 gallons \_\_\_\_\_ tons \_\_\_\_\_ cubic yards \_\_\_\_\_ other (specify) \_\_\_\_\_

Containerized Waste: \_\_\_\_\_ drums \_\_\_\_\_ pallets \_\_\_\_\_ other \_\_\_\_\_

Physical State (circle): solid liquid sludge other (specify) \_\_\_\_\_Hazardous Properties (circle): none toxic flammable water-reactive strong sensitizer corrosive or irritant  
air-reactive other (specify) \_\_\_\_\_

pH (circle): less than 3 greater than 10

## Major Components:

(Ex: Hydrochloric acid, lead, lime, crude oil)

Concentrations: (% or ppm)

Upper Lower

1. Asbestos2. WATER

3. \_\_\_\_\_

4. \_\_\_\_\_

Special Handling Instructions (if any): gloves, goggles, hard hat with face shield,DOT Classifications: non hazardous-----no placarding requiredName of HAULER (print or type): I W D LIQUID WASTE INCBusiness address: 3106 Snyder Domer Road, Springfield, Ohio 45502

(NO.) (STREET) (CITY)

Telephone Number: 1 513 969 8346

Pick-up: \_\_\_\_\_ Times: \_\_\_\_\_ am pm

Waste Hauler's Permit No. (if applicable): \_\_\_\_\_

We certify that the described waste will be delivered to the disposal facility named above.

The HAULER shall retain Copy 3 after delivery.

SIGNATURE OF HAULER OR AUTHORIZED AGENT AND TITLE

We certify that the above described waste was delivered to the hauler named herein for disposal at the site named above.

SHIPPER'S CERTIFICATION: This is to certify that the above named materials are properly classified, described, packaged, marked and labelled and are in proper condition for transportation according to the applicable regulations of the Department of transportation.

DATE

SIGNATURE OF GENERATOR OR AUTHORIZED AGENT AND TITLE

The GENERATOR shall retain Copy 2 of this manifest after completing the GENERATOR and WASTE DESCRIPTION portions.

## II. DISPOSER OF WASTE (Must be filled in by disposer)

Name (print or type): \_\_\_\_\_

Site Address: \_\_\_\_\_

We certify that the hauler named above delivered the described waste to this disposal facility.

Permit No. \_\_\_\_\_

Volume measured at site (if applicable): \_\_\_\_\_

Treatment or Recovery Process (circle): Treatment Spreading Area SLF Area Other (specify): \_\_\_\_\_

If waste is to be held for disposal elsewhere, specify final location: \_\_\_\_\_

Disposal Date: \_\_\_\_\_

SIGNATURE OF DISPOSER OR AUTHORIZED AGENT AND TITLE

CUSTOMER: <b>Inland</b>		TYPE OF SERVICE <input type="checkbox"/> BARRELS <input checked="" type="checkbox"/> TANK <input type="checkbox"/> OTHER		TYPE OF LIQUID <input type="checkbox"/> ACID <input type="checkbox"/> SOLVENT <input type="checkbox"/> OIL <input type="checkbox"/> CAUSTIC <input type="checkbox"/> CYANIDE <input checked="" type="checkbox"/> OTHER	
LOCATION: <b>Vandalia, Ohio</b>		DISPOSAL FACILITY <input type="checkbox"/> I.W.D. <input type="checkbox"/> SYSTECH <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER		REMARKS: <b>Not classified</b>  <b>1. 325 PM</b> <b>2. 4:05 PM</b>	
TRUCK NO.: <b>6-10-19</b>		VOLUME BARRELS: _____ GALLONS: <b>2000</b>			
CONSIGNOR REPRESENTATIVE: <b>Kevin L. Whitham</b>		TANKAGE TRANSFER: GALLONS: _____ TANK NO.: _____			
I.W.D. LIQUID WASTE: <b>Asbestos, water</b>		DISPOSAL FACILITY REPRESENTATIVE: <b>Luis Hall</b>			

DISPOSAL COPY



**INDUSTRIAL WASTE DISPOSAL**  
MAIN OFFICE: 3975 WAGONER FORD RD.  
DAYTON, OHIO 45414  
(513) 278-0821

☒ **I.W.D. LIQUID WASTE**  
3106 SNYDER-DOMER RD.  
SPRINGFIELD, OHIO 45502  
(513) 969-8346

☐ **I.W.D. CHEMICAL DISPOSAL**  
133 TWIN BRIDGES RD.  
DANVILLE, INDIANA 46122  
(317) 745-2878

### HAZARDOUS WASTE MANIFEST

**A 2482**

**I. GENERATOR OF WASTE (Must be filled in by producer)**

Name (print or type): **INLAND MANUFACTURING**  
Pick up Address: **Engle Road Vandalia, Ohio 45377**  
(NO.) (STREET) (CITY)  
Telephone Numbers: **1 227 8303** P. O. or Contract No. **Blanket Order**  
Order Placed By: **Standing order** Date: **6-18-79**  
Type of Industry (SIC No.): **MFG**  
Designated Disposal/Recovery Facility: **I W D SOUTH LANDFILL, Dayton, Ohio**

**DESCRIPTION OF WASTE (Must be filled by producer)**

Type of Waste: **asbestos, water**  
(Indicate disposal facility code numbers)  
Bulk Volume: **2000** gallons \_\_\_\_\_ tons \_\_\_\_\_ cubic yards \_\_\_\_\_ other(specify) \_\_\_\_\_  
Containerized Waste: \_\_\_\_\_ drums \_\_\_\_\_ pallets \_\_\_\_\_ other  
Physical State (circle): solid liquid sludge other(specify) \_\_\_\_\_  
Hazardous Properties (circle): none toxic flammable water-reactive strong sensitizer corrosive or irritant  
air-reactive other(specify) \_\_\_\_\_

pH (circle): less than 3 greater than 10

Major Components: \_\_\_\_\_ Concentrations: (% or ppm)  
(Ex: Hydrochloric acid, lead, lime, crude oil) Upper Lower  
1. **asbestos** \_\_\_\_\_  
2. **water** \_\_\_\_\_  
3. \_\_\_\_\_  
4. \_\_\_\_\_

Special Handling Instructions (if any): **none**

DOT Classifications: **non hazardous-----no placarding required**

Name of HAULER (print or type): **I W D LIQUID WASTE INC**  
Business address: **3106 Snyder Domer Road, Springfield, Ohio 45502**  
(NO.) (STREET) (CITY)

Telephone Number: **1 513 969 8346** Pick-up: \_\_\_\_\_ Times: \_\_\_\_\_ am pm

Waste Hauler's Permit No. (if applicable): \_\_\_\_\_

We certify that the described waste will be delivered to the disposal facility named above.

The HAULER shall retain Copy 3 after delivery. **Kevin L. Whitham**  
SIGNATURE OF HAULER OR AUTHORIZED AGENT AND TITLE

We certify that the above described waste was delivered to the hauler named herein for disposal at the site named above.

**SHIPPER'S CERTIFICATION: This is to certify that the above named materials are properly classified, described, packaged, marked and labelled and are in proper condition for transportation according to the applicable regulations of the Department of transportation.**

DATE: **6-18-79** **Luis Hall**  
SIGNATURE OF GENERATOR OR AUTHORIZED AGENT AND TITLE

The GENERATOR shall retain Copy 2 of this manifest after completing the GENERATOR and WASTE DESCRIPTION portions.

**II. DISPOSER OF WASTE (Must be filled in by disposer)**

Name (print or type): \_\_\_\_\_

Site Address: \_\_\_\_\_

We certify that the hauler named above delivered the described waste to this disposal facility.

Permit No. \_\_\_\_\_

Volume measured at site (if applicable): \_\_\_\_\_

Treatment or Recovery Process (circle): Treatment Spreading Area SLE Area Other (specify): \_\_\_\_\_

If waste is to be held for disposal elsewhere, specify final location: **Luis Hall**

Disposal Date: \_\_\_\_\_

BILL OF LADING

I.W.D. LIQUID WASTE INC.

17444

MER: <u>I.W.D.</u>		TYPE OF SERVICE		TYPE OF LIQUID	
LOCATION: <u>Vandalia, Ohio</u>		<input type="checkbox"/> BARRELS		<input type="checkbox"/> ACID	
TRUCK NO.: <u>601</u>		<input checked="" type="checkbox"/> TANK		<input type="checkbox"/> SOLVENT	
DATE: <u>6-16-79</u>		<input type="checkbox"/> OTHER		<input type="checkbox"/> OIL	
CONSIGNOR REPRESENTATIVE:		DISPOSAL FACILITY		<input type="checkbox"/> CAUSTIC	
I.W.D. LIQUID WASTE: <u>L. L. Hall</u>		<input type="checkbox"/> I.W.D.		<input type="checkbox"/> CYANIDE	
DISPOSAL FACILITY REPRESENTATIVE: <u>L. L. Hall</u>		<input type="checkbox"/> SYSTECH		<input checked="" type="checkbox"/> OTHER	
TANKAGE TRANSFER:		<input checked="" type="checkbox"/> LANDFILL		REMARKS: <u>Not C11-110</u>	
GALLONS:		<input type="checkbox"/> OTHER		<u>1 - 8:45</u>	
TANK NO.:		VOLUME		<u>out 7:30</u>	
		BARRELS			
		GALLONS <u>2000</u>			

DISPOSAL COPY



INDUSTRIAL WASTE DISPOSAL  
MAIN OFFICE: 3975 WAGONER FORD RD.  
DAYTON, OHIO 45414  
(513) 278-0821

XXXXX I.W.D. LIQUID WASTE  
3106 SNYDER-DOMER RD.  
SPRINGFIELD, OHIO 45502  
(513) 969-8346

I.W.D. CHEMICAL DISPOSAL  
133 TWIN BRIDGES RD.  
DANVILLE, INDIANA 46122  
(317) 745-2878

HAZARDOUS WASTE MANIFEST

A 2491

I. GENERATOR OF WASTE (Must be filled in by producer)

INLAND MANUFACTURING

Name (print or type): Engle Road Vandalia, Ohio 45377

Pick up Address: (NO.) (STREET) (CITY)

Telephone Numbers: 227 8166 P. O. or Contract No. Blanket Order

Order Placed By: standing order Date:

Type of Industry (SIC No.):

Designated Disposal/Recovery Facility: IWD South Landfill, Kettering, Ohio

DESCRIPTION OF WASTE (Must be filled by producer)

Type of Waste: asbestos & water  
(Indicate disposal facility code numbers)

Bulk Volume: 2000 gallons \_\_\_\_\_ tons \_\_\_\_\_ cubic yards \_\_\_\_\_ other(specify) \_\_\_\_\_

Containerized Waste: \_\_\_\_\_ drums \_\_\_\_\_ pallets \_\_\_\_\_ other \_\_\_\_\_

Physical State (circle): solid liquid sludge other(specify) \_\_\_\_\_

Hazardous Properties (circle): none toxic flammable water-reactive strong sensitizer corrosive or irritant  
air-reactive other(specify) \_\_\_\_\_

pH (circle): less than 3 greater than 10

Major Components: \_\_\_\_\_ Concentrations: (% or ppm)  
(Ex: Hydrochloric acid, lead, lime, crude oil) Upper Lower

1. ASBESTOS

2. WATER

3. \_\_\_\_\_

4. \_\_\_\_\_

Special Handling Instructions (if any): NONE

DOT Classifications: non hazardous-----no placarding required

Name of HAULER (print or type): I W D Liquid Waste Inc

Business address: 3106 Snyder Domer Rd Springfield, Ohio 45502  
(NO.) (STREET) (CITY)

Telephone Number: 1 513 969 8346 Pick-up: \_\_\_\_\_ Times: \_\_\_\_\_ am pm

Waste Hauler's Permit No. (if applicable): \_\_\_\_\_

We certify that the described waste will be delivered to the disposal facility named above.

The HAULER shall retain Copy 3 after delivery. SIGNATURE OF HAULER OR AUTHORIZED AGENT AND TITLE

We certify that the above described waste was delivered to the hauler named herein for disposal at the site named above.

SHIPPER'S CERTIFICATION: This is to certify that the above named materials are properly classified, described, packaged, marked and labelled and are in proper condition for transportation according to the applicable regulations of the Department of Transportation.

DATE: 6-16-79 SIGNATURE OF GENERATOR OR AUTHORIZED AGENT AND TITLE

The GENERATOR shall retain Copy 2 of this manifest after completing the GENERATOR and WASTE DESCRIPTION portions.

II. DISPOSER OF WASTE (Must be filled in by disposer)

Name (print or type): \_\_\_\_\_

Site Address: \_\_\_\_\_

We certify that the hauler named above delivered the described waste to this disposal facility.

Permit No. \_\_\_\_\_

Volume measured at site (if applicable): \_\_\_\_\_

Treatment or Recovery Process (circle): Treatment Spreading Area SLF Area Other (specify): \_\_\_\_\_

# I.W.D. LIQUID WASTE INC.

11443

WASTE <u>INLAND</u>		TYPE OF SERVICE <input type="checkbox"/> BARRELS <input checked="" type="checkbox"/> TANK <input type="checkbox"/> OTHER		TYPE OF LIQUID <input type="checkbox"/> ACID <input type="checkbox"/> SOLVENT <input type="checkbox"/> OIL <input type="checkbox"/> CAUSTIC <input type="checkbox"/> CYANIDE <input checked="" type="checkbox"/> OTHER	
LOCATION: <u>Vandalia, Ohio</u>		DISPOSAL FACILITY <input type="checkbox"/> I.W.D. <input type="checkbox"/> SYSTECH <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER		REMARKS: <u>Asbestos/H<sub>2</sub>O</u> <u>Not Classified</u> <u>120 8.92</u> <u>out 9.20</u>	
TRUCK NO.: <u>601</u>	DATE: <u>6-15-79</u>				
CONSIGNOR REPRESENTATIVE: <u>[Signature]</u>					
I.W.D. LIQUID WASTE: <u>[Signature]</u>					
DISPOSAL FACILITY REPRESENTATIVE: <u>[Signature]</u>		VOLUME BARRELS GALLONS <u>2000</u>			
TANKAGE TRANSFER: GALLONS: TANK NO.:					

DISPOSAL COPY



**INDUSTRIAL WASTE DISPOSAL**  
MAIN OFFICE: 3975 WAGONER FORD RD.  
DAYTON, OHIO 45414  
(513) 278-0821

**I.W.D. LIQUID WASTE**  
3106 SNYDER-DOMER RD.  
SPRINGFIELD, OHIO 45502  
(513) 969-8346

**I.W.D. CHEMICAL DISPOSAL**  
133 TWIN BRIDGES RD.  
DANVILLE, INDIANA 46122  
(317) 745-2878

## HAZARDOUS WASTE MANIFEST

**A 2471**

### I. GENERATOR OF WASTE (Must be filled in by producer)

Name (print or type): INLAND MANUFACTURING  
Pick up Address: Engle Road, Vandalia, Ohio 45377

Telephone Numbers: 1 513 969 8346 P. O. or Contract No. Blanket Order

Order Placed By: XXXXXXXXX Virgil/ Date: Friday

Type of Industry (SIC No.): \_\_\_\_\_

Designated Disposal/Recovery Facility: I W D South Landfill, Kettering, Oh

### DESCRIPTION OF WASTE (Must be filled by producer)

Type of Waste: XXX/water & Asbestos  
(Indicate disposal facility code numbers)

Bulk Volume: 2000 gallons \_\_\_\_\_ tons \_\_\_\_\_ cubic yards \_\_\_\_\_ other(specify) \_\_\_\_\_

Containerized Waste: \_\_\_\_\_ drums \_\_\_\_\_ pallets \_\_\_\_\_ other \_\_\_\_\_

Physical State (circle): solid liquid sludge other(specify) \_\_\_\_\_

Hazardous Properties (circle): none toxic flammable water-reactive strong sensitizer corrosive or irritant  
air-reactive other(specify) \_\_\_\_\_

pH (circle): less than 3 greater than 10

Major Components: \_\_\_\_\_ Concentrations: (% or ppm)  
(Ex: Hydrochloric acid, lead, lime, crude oil) Upper Lower

- Asbestos
- WATER
- 
- 

Special Handling Instructions (if any): NONE

DOT Classifications: non hazardous-----no placarding required

Name of HAULER (print or type): I W D LIQUID WASTE INC  
Business address: 3106 Snyder Domer Road, Springfield, Ohio 45502

Telephone Number: 1 513969 8346 Pick-up: \_\_\_\_\_ Times: \_\_\_\_\_ am pm

Waste Hauler's Permit No. (if applicable): \_\_\_\_\_

We certify that the described waste will be delivered to the disposal facility named above.

The HAULER shall retain Copy 3 after delivery.

We certify that the above described waste was delivered to the hauler named herein for disposal at the site named above.

**SHIPPER'S CERTIFICATION:** This is to certify that the above named materials are properly classified, described, packaged, marked and labelled and are in proper condition for transportation according to the applicable regulations of the Department of Transportation.

DATE 6-15-79 SIGNATURE OF GENERATOR OR AUTHORIZED AGENT AND TITLE [Signature]

The GENERATOR shall retain Copy 2 of this manifest after completing the GENERATOR and WASTE DESCRIPTION portions.

### II. DISPOSER OF WASTE (Must be filled in by disposer)

Name (print or type): \_\_\_\_\_

Site Address: \_\_\_\_\_

We certify that the hauler named above delivered the described waste to this disposal facility.

Permit No. \_\_\_\_\_

Volume measured at site (if applicable): \_\_\_\_\_

Treatment or Recovery Process (circle): Treatment Spreading Area SLF Area Other (specify): \_\_\_\_\_

If waste is to be held for disposal elsewhere, specify final location

CUSTOMER: <b>INLAND</b> <b>VANDALIA, OHIO</b>		TYPE OF SERVICE <input type="checkbox"/> BARRELS <input checked="" type="checkbox"/> TANK <input type="checkbox"/> OTHER	TYPE OF LIQUID <input type="checkbox"/> ACID <input type="checkbox"/> SOLVENT <input type="checkbox"/> OIL <input type="checkbox"/> CAUSTIC <input type="checkbox"/> CYANIDE <input checked="" type="checkbox"/> OTHER
TRUCK NO.: <b>6001</b>	DATE: <b>6-11-79</b>	DISPOSAL FACILITY <input type="checkbox"/> I.W.D. <input type="checkbox"/> SYSTECH <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER	REMARKS: <b>Asbestos water</b> <b>1.0 1.43</b> <b>0.1 + 2.15</b>
CONSIGNOR REPRESENTATIVE: <i>[Signature]</i>		VOLUME	
I.W.D. LIQUID WASTE: <i>[Signature]</i>		BARRELS	
DISPOSAL FACILITY REPRESENTATIVE: <b>Louis Hall</b>		GALLONS	
TANKAGE TRANSFER:		DISPOSAL COPY	
GALLONS: _____			
TANK NO.: _____			



**INDUSTRIAL WASTE DISPOSAL**  
MAIN OFFICE: 3975 WAGONER FORD RD.  
DAYTON, OHIO 45414  
(513) 278-0821

☒ **I.W.D. LIQUID WASTE**  
3106 SNYDER-DOMER RD.  
SPRINGFIELD, OHIO 45502  
(513) 969-8346

☐ **I.W.D. CHEMICAL DISPOSAL**  
133 TWIN BRIDGES RD.  
DANVILLE, INDIANA 46122  
(317) 745-2878

### HAZARDOUS WASTE MANIFEST

**A 5738**

#### I. GENERATOR OF WASTE (Must be filled in by producer)

Name (print or type): **INLAND MANUFACTURING**

Pick up Address: **Engle Road, -----Vandalia, Ohio 45377**

(NO.) (STREET) (CITY)

Telephone Numbers: \_\_\_\_\_ P. O. or Contract No. **Blanket Order**

Order Placed By: **Stanling order**

Date: **6-11-79**

Type of Industry (SIC No.): \_\_\_\_\_

Designated Disposal/Recovery Facility: **IWD south landfill Kettering, OH**

#### DESCRIPTION OF WASTE (Must be filled by producer)

Type of Waste: **asbestos/water**

(Indicate disposal facility code numbers)

Bulk Volume: **2000** gallons \_\_\_\_\_ tons \_\_\_\_\_ cubic yards \_\_\_\_\_ other (specify) \_\_\_\_\_

Containerized Waste: \_\_\_\_\_ drums \_\_\_\_\_ pallets \_\_\_\_\_ other \_\_\_\_\_

Physical State (circle): solid **liquid** sludge other (specify) \_\_\_\_\_

Hazardous Properties (circle): **none** toxic flammable water-reactive strong sensitizer corrosive or irritant  
air-reactive other (specify) \_\_\_\_\_

pH (circle): less than 3 greater than 10

#### Major Components:

(Ex: Hydrochloric acid, lead, lime, crude oil)

Concentrations: (% or ppm)  
Upper Lower

1. **ASBESTOS**

2. **WATER**

3. \_\_\_\_\_

4. \_\_\_\_\_

Special Handling Instructions (if any): **NONE**

DOT Classifications: **non hazardous-----no placarding required**

Name of HAULER (print or type): **I W D LIQUID WASTE INC**

Business address: **3106 Snyder Domer Rd Springfield, Oh**

(NO.) (STREET) (CITY)

Telephone Number: **1 513 969 8346** Pick-up: \_\_\_\_\_ Times: \_\_\_\_\_ am pm

Waste Hauler's Permit No. (if applicable): \_\_\_\_\_

We certify that the described waste will be delivered to the disposal facility named above.

The HAULER shall retain Copy 2 after delivery.

*[Signature]*  
SIGNATURE OF HAULER OR AUTHORIZED AGENT AND TITLE

We certify that the above described waste was delivered to the hauler named herein for disposal at the site named above.

**SHIPPER'S CERTIFICATION:** This is to certify that the above named materials are properly classified, described, packaged, marked and labelled and are in proper condition for transportation according to the applicable regulations of the Department of transportation.

DATE

*[Signature]*  
SIGNATURE OF GENERATOR OR AUTHORIZED AGENT AND TITLE

The GENERATOR shall retain Copy 4 of this manifest after completing the GENERATOR and WASTE DESCRIPTION portions.

#### II. DISPOSER OF WASTE (Must be filled in by disposer)

Name (print or type): \_\_\_\_\_

Site Address: \_\_\_\_\_

We certify that the hauler named above delivered the described waste to this disposal facility.

Permit No. \_\_\_\_\_ Volume measured at site (if applicable): \_\_\_\_\_

Treatment or Recovery Process (circle): Treatment Spreading Area SLF Area Other (specify): \_\_\_\_\_

If waste is to be held for disposal elsewhere, specify final location: \_\_\_\_\_

Disposal Date: \_\_\_\_\_

*[Signature]*  
SIGNATURE OF DISPOSER OR AUTHORIZED AGENT AND TITLE



CUSTOMER: <u>INLAND</u>		TYPE OF SERVICE <input type="checkbox"/> BARRELS <input checked="" type="checkbox"/> TANK <input type="checkbox"/> OTHER		TYPE OF LIQUID <input type="checkbox"/> ACID <input type="checkbox"/> SOLVENT <input checked="" type="checkbox"/> <u>Water/Oil A-D LITEN</u> <input type="checkbox"/> CAUSTIC <input type="checkbox"/> CYANIDE <input type="checkbox"/> OTHER	
LOCATION: <u>Vandalia Ohio</u>		DISPOSAL FACILITY <input type="checkbox"/> I.W.D. <input type="checkbox"/> SYSTECH <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER		REMARKS: <u>Non-Haz - 100% "</u>  <u>in 2:34</u> <u>out 3:15</u>	
TRUCK NO.: <u>1001</u>	DATE: <u>6-8-79</u>	VOLUME BARRELS GALLONS <u>2000</u>			
CONSIGNOR REPRESENTATIVE: <u>W. Thomas</u>					
L.W.D. LIQUID WASTE <u>King &amp; Libbott</u>					
DISPOSAL FACILITY REPRESENTATIVE: <u>Louis Hall</u>					
TANKAGE TRANSFER:					
GALLONS:					
TANK NO.:					

DISPOSAL COPY



INDUSTRIAL WASTE DISPOSAL  
MAIN OFFICE: 3975 WAGONER FORD RD.  
DAYTON, OHIO 45414  
(513) 278-0821

☒ I.W.D. LIQUID WASTE  
3106 SNYDER-DOMER RD.  
SPRINGFIELD, OHIO 45502  
(513) 969-8346

☐ I.W.D. CHEMICAL DISPOSAL  
133 TWIN BRIDGES RD.  
DANVILLE, INDIANA 46122  
(317) 745-2878

### HAZARDOUS WASTE MANIFEST

A 2423

#### I. GENERATOR OF WASTE (Must be filled in by producer)

Name (print or type): INLAND MANUFACTURING  
Pick up Address: Engle Road, Vandalia, Ohio 45377  
(NO.) (STREET) (CITY)  
Telephone Numbers: 227 8303 P. O. or Contract No. Blanket Order  
Order Placed By: standing order Date: 6-8-79  
Type of Industry (SIC No.): MTB  
Designated Disposal/Recovery Facility: IWD South Landfill, Kettering, Oh

#### DESCRIPTION OF WASTE (Must be filled by producer)

Type of Waste: Asbestos/water  
(Indicate disposal facility code numbers)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Bulk Volume: 2000 gallons \_\_\_\_\_ tons \_\_\_\_\_ cubic yards \_\_\_\_\_ other(specify) \_\_\_\_\_

Containerized Waste: \_\_\_\_\_ drums \_\_\_\_\_ pallets \_\_\_\_\_ other \_\_\_\_\_

Physical State (circle): solid liquid sludge other(specify) \_\_\_\_\_

Hazardous Properties (circle): none toxic flammable water-reactive strong sensitizer corrosive or irritant  
air-reactive other(specify) \_\_\_\_\_

pH (circle): less than 3 greater than 10

Major Components: \_\_\_\_\_ Concentrations: (% or ppm)  
(Ex: Hydrochloric acid, lead, lime, crude oil) Upper Lower  
1. Asbestos  
2. WATER  
3. \_\_\_\_\_  
4. \_\_\_\_\_

Special Handling Instructions (if any): \_\_\_\_\_

DOT Classifications: non hazardous-----no placarding required

Name of HAULER (print or type): I W D LIQUID WASTE INC

Business address: 3106 Snyder Domer Road, Springfield, Ohio 45502  
(NO.) (STREET) (CITY)

Telephone Number: 1 513 959 8346 Pick-up: \_\_\_\_\_ Times: \_\_\_\_\_ am pm

Waste Hauler's Permit No. (if applicable): \_\_\_\_\_

We certify that the described waste will be delivered to the disposal facility named above.

The HAULER shall retain Copy 3 after delivery. Signature of Hauler  
SIGNATURE OF HAULER OR AUTHORIZED AGENT AND TITLE

We certify that the above described waste was delivered to the hauler named herein for disposal at the site named above.

SHIPPER'S CERTIFICATION: This is to certify that the above named materials are properly classified, described, packaged, marked and labelled and are in proper condition for transportation according to the applicable regulations of the Department of Transportation.

DATE 6-8-79 Signature of Generator  
SIGNATURE OF GENERATOR OR AUTHORIZED AGENT AND TITLE

The GENERATOR shall retain Copy 2 of this manifest after completing the GENERATOR and WASTE DESCRIPTION portions.

#### II. DISPOSER OF WASTE (Must be filled in by disposer)

Name (print or type): \_\_\_\_\_

Site Address: \_\_\_\_\_

We certify that the hauler named above delivered the described waste to this disposal facility.

Permit No. \_\_\_\_\_

Volume measured at site (if applicable): \_\_\_\_\_

Treatment or Recovery Process (circle): Treatment Spreading Area SXF Area Other (specify): \_\_\_\_\_

If waste is to be held for disposal elsewhere, specify final location: \_\_\_\_\_

CUSTOMER: <u>WAL</u>		TYPE OF SERVICE		TYPE OF LIQUID	
LOCATION: <u>Vandalia Ohio</u>		<input type="checkbox"/> BARRELS <input checked="" type="checkbox"/> TANK <input type="checkbox"/> OTHER		<input type="checkbox"/> ACID <input type="checkbox"/> SOLVENT <input type="checkbox"/> OIL <input type="checkbox"/> CAUSTIC <input type="checkbox"/> CYANIDE <input checked="" type="checkbox"/> OTHER	
TRUCK NO.: <u>801</u>	DATE: <u>6-7-79</u>	DISPOSAL FACILITY		REMARKS: <u>Asbestos/Water</u> <u>NN-F-300</u> <u>IN 2:45</u> <u>OUT 3:20</u>	
CONSIGNOR REPRESENTATIVE:		<input type="checkbox"/> I.W.D. <input type="checkbox"/> SYSTECH <input type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER			
I.W.D. LIQUID WASTE:		VOLUME			
DISPOSAL FACILITY REPRESENTATIVE: <u>Lois Hall</u>		BARRELS			
TANKAGE TRANSFER:		GALLONS <u>2000</u>			
GALLONS:					
TANK NO.:					

DISPOSAL COPY



**INDUSTRIAL WASTE DISPOSAL**  
 MAIN OFFICE: 3975 WAGONER FORD RD.  
 DAYTON, OHIO 45414  
 (513) 278-0821

☐ I.W.D. LIQUID WASTE  
 3106 SNYDER-DOMER RD.  
 SPRINGFIELD, OHIO 45502  
 (513) 969-8346

☐ I.W.D. CHEMICAL DISPOSAL  
 133 TWIN BRIDGES RD.  
 DANVILLE, INDIANA 46122  
 (317) 745-2878

### HAZARDOUS WASTE MANIFEST

**A 2457**

**I. GENERATOR OF WASTE** (Must be filled in by producer)

Name (print or type): IWLAND

Pick up Address: ENGLE RD. VANDALIA  
 (NO.) (STREET) (CITY)

Telephone Numbers: \_\_\_\_\_ P. O. or Contract No. \_\_\_\_\_

Order Placed By: DEPT 830 HFG Date: 6-7-79

Type of Industry (SIC No.): HFG

Designated Disposal/Recovery Facility: IWD South LANDFILL

**DESCRIPTION OF WASTE** (Must be filled by producer)

Type of Waste: ASBESTOS/WATER  
 (Indicate disposal facility code numbers)

Bulk Volume: 2000 gallons \_\_\_\_\_ tons \_\_\_\_\_ cubic yards \_\_\_\_\_ other (specify) \_\_\_\_\_

Containerized Waste: \_\_\_\_\_ drums \_\_\_\_\_ pallets \_\_\_\_\_ other \_\_\_\_\_

Physical State (circle): solid liquid sludge other (specify) \_\_\_\_\_

Hazardous Properties (circle): none toxic flammable water-reactive strong sensitizer corrosive or irritant  
 air-reactive other (specify) \_\_\_\_\_

pH (circle): less than 3 greater than 10

**Major Components:**

(Ex: Hydrochloric acid, lead, lime, crude oil)

Concentrations: (% or ppm)  
 Upper Lower

1. ASBESTOS

2. WATER

3. \_\_\_\_\_

4. \_\_\_\_\_

Special Handling Instructions (if any): NONE

DOT Classifications: NONE

Name of HAULER (print or type): IWD Liquid

Business address: 3106 SNYDER-DOMER RD. SPRINGFIELD OH.  
 (NO.) (STREET) (CITY)

Telephone Number: 969-8346 Pick-up: \_\_\_\_\_ Times: \_\_\_\_\_ am pm

Waste Hauler's Permit No. (if applicable): \_\_\_\_\_

We certify that the described waste will be delivered to the disposal facility named above.

The HAULER shall retain Copy 3 after delivery.

We certify that the above described waste was delivered to the hauler named herein for disposal at the site named above.

**SHIPPER'S CERTIFICATION:** This is to certify that the above named materials are properly classified, described, packaged, marked and labelled and are in proper condition for transportation according to the applicable regulations of the Department of Transportation.

DATE: 6-7-79 SIGNATURE OF GENERATOR OR AUTHORIZED AGENT AND TITLE: [Signature]

The GENERATOR shall retain Copy 2 of this manifest after completing the GENERATOR and WASTE DESCRIPTION portions.

**II. DISPOSER OF WASTE** (Must be filled in by disposer)

Name (print or type): \_\_\_\_\_

Site Address: \_\_\_\_\_

We certify that the hauler named above delivered the described waste to this disposal facility.

Permit No. \_\_\_\_\_

Volume measured at site (if applicable): \_\_\_\_\_

Treatment or Recovery Process (circle): Treatment Spreading Area SLF Area Other (specify): \_\_\_\_\_

If waste is to be held for disposal elsewhere, specify final location: \_\_\_\_\_